FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P9700090310 1. Entity Name 05-16-2001 90384 047 ***150.00 SUNTECK TRANSPORT CO., INC. Principal Place of Business Mailing Address 2061 NW 2ND AVE., STE. 106 2061 NW 2ND AVE., STE, 106 600004 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business CNGRESS AUG AVE (0N6K35> ያ የ DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0788578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SHAPIRO & DECTOR, P.A. Street Add 7777 GLADES RD., STE. 200 **BOCA RATON FL 33434** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) RESIDEN ☐ Addition TITLE ☐ Delete TITLE WACHTEL, HARRY M NAME NAME Suite 230 STREET ADDRESS STREET ADDRESS 2061 NW 2ND AVE., STE. 106 CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33431** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receives or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 11 or Block 12 if changed, or on an attachment

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR