2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000103881 Aug 30, 2000 8:00 am Secretary of State ELAJ GENERAL PARTNER, INC. 08-15-2000 90019 036 ***150.00 Principal Place of Business Mailing Address 08-30-2000 90003 022 ***400.00 858 HARRISON STREET 858 HARRISON STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0807948 Not Applicable \$8.75 Additional Zìo Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Evan Benrubi KTG&S RREGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 858 Harrison Street 100 S.E. 2ND STREET 28TH FLOOR **MIAMI FL 33131** ^{Zi}33019 Hollywood 8. The above named entity submits this statement for the purpose of ch inging its registered office or registered agent, or both, In the State of Florida. SIGNATURE (NOTE: Registered Apen) signature required when reinstating FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME Benrubi. Evan NAME STREET ADDRESS 858 HARRISON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL 33019** □ Change ☐ Addition TITLE ☐ Delete TITLE BENRUBI, LORI NAME NAME 858 HARRISON ST STREET ADDRESS STREET ADORESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP Change noitibbă 🔲 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

(ALTIQUE Evan Benrubi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: X