2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P 98000000406 May 09, 2000 8:00 am Secretary of State Trendy Enterprises 05-09-2000 90134 029 ***150.00 Principal Place of Business Mailing Address TUUUUUUUT 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE uite, Apt. #, etc. 4. FEI Number Applied For <u>65-0802</u>163 Not Applicable \$8.75 Additional quntry 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bryan Edelstein Street Address (P.O. Box Number is Not Acceptable) 11305 Knotway Cooper City Fl 33026 Drd. 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П 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. 12 Addition Delete Change TITLE Jeffery S. Eighel 720 N.W 1012 Ave. NAME NAME STREET ADDRESS STREET ADDRESS Pembroke Pines FL 33028 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Bryan S. Edelstein Bruan S. Edelstein NAME NAME 3707 SE 2ND PL. Apt. I-5 11305 Knotway STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP Gainesville FL 32601 CITY-ST-ZIP Cooper City ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR