DOCUMENT # P98000011789  1. Entity Name CUSTOM DETAILING, INC.						Sep 05, 2001 8:00 am Secretary of State 09-05-2001 90026 022 ***550.00			
Principal Place of Business 2726 NW 104TH AVE.#110 SUNRISE FL 33322		2726 NW 10	Mailing Address 2726 NW 104TH AVE#110 SUNRISE FL 33322			1 <b>001/100/</b> 140/1001 (18/4/100/11/100/11/100/1/			
2. Principal F	Place of Business	3. Mailing Ac	3. Mailing Address						:
Suite, Apt.	. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Star	te	City & Stat	City & State			4. FEI Number 65-0817855 Applied For Not Applicable			
Zip	Country	Zip	С	ountry	<b>5.</b> C	ertificate of Status Desired	\$8.75 Add	litional	1
	6. Name and Address of Cu	rrent Registered Age	nt		7. N	ame and Address of New Register		_	1
		<u>_</u>		Name					1
2726 NW	IN, HARVEY L 104TH AVE.,#110	•		Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)		70	
SUNRISE	FL 33322			City			Zip Cod		-
				Sity S			Zip Cod	7	
8. The above	e named entity submits this statem		•	stered office or regis			E		
A This		7							┦,
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)		After Se	FILE NOW!!! FEE After September 12, 2001 Make Check Payable to De						
11.	<u> </u>			<u> </u>					
TITLE	D	AND DIRECTORS		12	ADL	DITIONS/CHANGES TO OFFICERS A			{
NAME STREET ADDRESS CITY-ST-ZIP	BERNSTEIN, HARVEY L 2726 NW 104TH AVE.,#110 SUNRISE FL 33322	<b>L</b>	1	name Street address City-St-Zip			☐ Change	☐ Addition .	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!	TITLE VAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete 1	TITLE  NAME  STREET ADDRESS  DITY-ST-ZIP		, ,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			Delete 1	ITTLE IAME STREET ADDRESS			☐ Change	Addition	
~CITY-ST-ZIP~ - ~			<u>-</u>	CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	t.		. N	TITLE IAME TREET ADDRESS		· · · · · ·	☐ Change	☐ Addition	~~~ <u>*</u>
CITY-ST-7IP			<b>.</b>	UTD/ CT 7/D					1

☐ Delete

SIGNATURE: HARVEYTURE BERNSTEIN)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

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.

☐ Change

748-7478 Daytime Phone #

8/27/01 Date ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP