2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2000 8:00 am Secretary of State DOCUMENT # P98000012125 1. Entity Name JOE'S HANDY BOY, INC. 03-02-2000 90187 044 ***158.75 Principal Place of Business Mailing Address 2935 NW 206TH ST 2935 NW 206TH ST MIAMI FL 33056-1430 MIAMI FL 33056 COUZ8907 3. Mailing Address 2. Principal Place of Business 2935 NW, 206591 2935 NW 206 5 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0832196 OPALOCKA OPALOCKA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3056 DAde Fee Required 3056 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STARLING, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 2935 NW 206 ST. OPALOCKA FL 33056 Zip Code 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. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DO ☐ Delete ☐ Change TITLE TITLE STARLING, JOSEPH NAME 2935 NW 206TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33056** ☐ 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Delete TITLE ☐ Addition 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

3. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in 2015(1), Florida Statutes. Florida Certify 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:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2000

Daytime Phone #