2001 UNIFORM BUSINESS REPORT (UBR) May 05, 2001 8:00 am DOCUMENT # P98000018005 Secretary of State COURAGEOUS III, INC. 05-05-2001 90833 034 ***150.00 Principal Place of Business Mailing Address 1426 SE 17TH STREET 1426 SE 17TH STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 lus HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0821203 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAGEN, KEVIN L Street Address (P.O. Box Number is Not Acceptable) 3531 GRIFFIN RD. FORT LAUDERDALE FL 33312 Zip Code City F 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 egistered agent and title if applicable 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, 2001 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 11. ☐ Change ☐ Addition TITLE TITLE Delete CASAMASSA, MARCIA NAME NAME STREET ADDRESS STREET ADDRESS 20855 NE 16 AVE., STE. C39 N. MIAMI BEACH FL 33179 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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-ZIF Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

CITY-ST-ZIP

TITLE

NAME STREET AODRESS

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

NOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

19/01/954-

54 554 464 Daytime Prone #

Change

Addition