2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000027499** Apr 28, 2000 8:00 am Secretary of State RELATED PARTNERS, INC. 04-28-2000 90053 025 ***150.00 Principal Place of Business Mailing Address 3701 SOUTH ORANGE CONGRESS AVENUE 3701 SOUTH ORANGE CONGRESS AVENUE LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Langues stuce 3701 -Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE We Won Applied For 4. FEI Number 65-0830873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JASIEL, JON 3701 SOUTH ORANGE CONGRESS AVENUE LAKE WORTH FL 33461 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 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Addition ☐ Change Delete TITLE TITLE MUSA, MASSIMO NAME 3170 SOUTH ORANGE CONGRESS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE JASIEL, JON NAME STREET ADDRESS 3701 S CONGRESS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME МАМЕ STREET ADDRESS STREET ADDRESS CJTY-ST-ZJP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

3. I hereby certify that the information supplied with this filling 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 of 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

SIGNATURE:

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Daytime Phone #