2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P98000034646 1. Entity Name THE BELLIER GROUP, INC. 05-10-2001 90068 021 ***150.00 Principal Place of Business Mailing Address 6726 PEMBROKE RD., STE. A 6726 PEMBROKE RD., STE. A PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 2. Principal Place of Business 3. Mailing Address 10DAY WAY 10370 USA TOBAY WAY 10370 USA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0828077 Not Applicable MIRAMAR YIRAMAR Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required **3**3025 33025 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELLIER JE BELLIER, STRAIDER JR. Street Address (P.O. Box Number is Not Acceptable) 6726 PEMBROKE RD., STE. A 10370 USA TODAY WAY PEMBROKE PINES FL 33023 Zip Code MIRAMAR 3*3025* 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 (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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSTD ☐ Addition ☐ Delete TITLE TITLE BELLIER, STRAIBER JR BELLIER, STRAIDER JR. NAME NAME 10370 USA TODAY WAY STREET ADDRESS STREET ADDRESS 6726 PEMBROKE RD., STE. A CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33023 MIRAMAR FL 33025 ☐ Addition ☐ Change M Delete TITLE AUGUSTE, MARIE RN NAME NAME 6726 PEMBROKE RD., STE. A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33023 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ 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-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.

SIGNATURE: -

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR