SIGNATURE:

FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State P98000042056 **DOCUMENT #** 1. Entity Name 05-19-2002 90025 017 ***150.00 DTA CUSTOM INTERIORS, INC. Mailing Address Principal Place of Business 2033 SW 31ST AVE 2033 SW 31ST AVE PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 2. Principal Place of Business 6/145 w 33 rd Street 6/14 Sw 33 rd Street DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0836264 Not Applicable City & State \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Browar Broward 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALLEN, DOUGLAS T 6114 S.W. 33RD STREET MIRAMAR FL 33023 Zip Code FΙ City 8. The above named enalty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DOUGLAS T. ALLEN, Prosident name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing . 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Tax filing requirement and elects to do so Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Addition 11. TITLE Allen Douglas T 6114 5 W33 rd Street ☐ Delete DPS TITLE NAME ALLEN, DOUGLAS T NAME STREET ADDRESS 2033 SW 31ST AVE. STREET ADDRESS CITY-ST-ZIP PEMBROKE PARK FL 33009 Addition CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE . Delete TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS 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.

DOUGLAS T. ACLEW 4260 954-32V-7947
ER OR DIRECTOR
Daytime Phone #