2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P9800046843 FLORIDA EURO CONNECTION, INC. 07-07-2000 90394 029 ***550.00 Principal Place of Business 1408 SW 13TH COURT 1408 SW 13TH COURT POMPANO BEACH, IL INDUDITION OF STREET POMPANO BEACH , FL 33069 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0836729 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JULIUS L. KLUWER Street Address (P.O. Box Number is Not Acceptable) 1408 SW 13TH COURT Zip Code POMPA NO BEACH 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. JULIUS K. KLUGER 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS PTUS Change ★ Addition TITLE ☐ Delete TITLE PTUS NAME NAME JULIUS L. KLUGER FELETE, BERNARD B. 1408 SW 13TH COURT STREET ADDRESS STREET ADDRESS 1408 SW 13TH COULT CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP POMPANO BEACH, FL 33069 Change X Addition ☐ Delete TITLE D/P TITLE JULIUS L. KLUGER NAME FENETE, BERNARD B 1408 SW 18TH COURT NAME 1408 SW 13TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP POMPANO BEACH, FL 33069 ☐ Addition ☐ Change TITLE NARAE 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-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Change ☐ Addition ☐ Delete TITLE TITLE 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 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 the empowered. 954-941-8220

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR