2001 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P98000047378 1. Entity Name DYE-HERITAGE MANAGEMENT, INC. 04-09-2001 90052 029 ***158.75 Mailing Address Principal Place of Business 3291 NORTHWEST 95TH TERRACE 3291 NORTHWEST 95TH TERRACE SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address 260 N.W 118 260 N.W 118 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ORAL SPRING LORAL SPRINGS City & State Applied For 4. FEI Number City & State 65-0841187 DRIBA Not Applicable LORIDA Zip \$8.75 Additional 5. Certificate of Status Desired 33D71 BROWARD Fee Required BROWAR D 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DYER, MARJORIE V Street Address (P.O. Box Number is Not Acceptable) 3291 NORTHWEST 95TH TERRACE SUNRISE FL 33351 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change PD ☐ Addition TITLE ☐ Delete DYER, MARJORIE V. NAME DYER, MARJORIE V NAME 260 NW 118 AUC STREET ADDRESS STREET ADDRESS 3291 NORTHWEST 95TH TERRACE CITY-ST-ZIP CORAL SPRINGS IL 33071 CITY-ST-ZIP SUNRISE FL 33351 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ٧S DYER, LYNVAL L NAME DYER. LYNVAL L NAME 260 N.W 118 AUC STREET ADDRESS STREET ADDRESS 3291 NORTHWEST 95TH TERRACE DRAL SPRINGS FL 33011 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 TITLE Change ☐ Addition ☐ Delete TITLE NAME 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: May Drue V. Syst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

CITY-ST-ZIP

March 4,2001 (954) 316-6403

Daytime Phone #

CR2E034 (10/00)