2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9800047506 Sep 07, 2000 8:00 am Secretary of State CLEAN GRIND SYSTEMS, INC. 09-07-2000 90060 018 \*\*\*150.00 Principal Place of Business Mailing Address 333 INLET WAY 333 INLET WAY PALM BEACH SHORES FL 33404 PALM BEACH SHORES FL 33404 Principal Place of Business Mailing Address D MEDANAS DCL Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0841364 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 Name ANGELL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480 Zip Code City 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 . Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE STEWART, KERRY NAME NAME 333 INLET WAY STREET ADDRESS STREET ADDRESS PALM BEACH SHORES FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CUY-ST-7IE ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME 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 a laddress, with all other like empowered. R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To whom it my concern ADD 15584 This company was sust started CAST YEN & I Am New At this type of BUSINSS'SO When I Recipiel this Notice I took It to my tax guan, AND he sais it shows be \$150 But After Resolving this notice he Agreed it Should be \$550, But this is the First Notice I've Reciens. We Moved AND my wife Dio the Change of Appress At the post office, AND Still the was my First Notice I have Recises Farfact the Appress on this notice is not total correct It SAY 10 - Not 10C over >