2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P98000048991 BUSINESS LOGISTICS INTERNATIONAL, INC. 01-18-2000 90131 032 ***150.00 Mailing Address Principal Place of Business 2455 HOLLYWOOD BOULEVARD 2455 HOLLYWOOD BOULEVARD SUITE 301 SUITE 301 900169 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6605 new address new address 3. Mailing Address 2205 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0840404 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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 (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND SOLUTIONS N 11 OFFICERS AND DIRECTORS 12. 11. TITLE PTD ☐ Delete TIT) F Auspitz, Kichard NAME AUSPITZ, RICHARD P 2205 HOHYWOOD BIUD # 36 A STREET ADDRESS STREET ADDRESS 2455 HOLLYWOOD BOULEVARD HOLIYWOOD, 2P. 33020 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete TITLE TABB, MARGOTS. NAME NAME TABB, MARGOT S STREET ADDRESS 2455 HOLLYWOOD BOULEVARD STREET ADDRESS 40114 WOOD, JP. 33020 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME

13. I hereby certify that the information surplied with this filling 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 acctivate 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 impowered 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Daytime Phone #