## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000060596 THRIFT EXPORT INC. 4-26-2001 90254 050 \*\*\*150.00 Principal Place of Business Mailing Address 3141 W HALLANDALE BEACH BLVD 3141 W HALLANDALE BEACH BLVD HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0849768 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOUGLASS, MARC Street Address (P.O. Box Number is Not Acceptable) 3141 W HALLANDALE BEACH BLVD HALLANDALE FL 33009 City 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITILE PD ☐ Delete TITLE Addition NAME NAME DOUGLASS, MARC STREET ADDRESS STREET ADDRESS 3141 W HALLANDALE BEACH BLVD CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Change Ado:tion TITLE De.ete TITLE DCFO NAME NAME WILEY, STEPHEN L STREET ADDRESS STREET ADDRESS 3141 W HALLANDALE BEACH BLVD CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Biock 11 or Biock 12 if changed, or on an attachment with an address, with all other like empowered.

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