FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 27, 2000 8:00 am Secretary of State DOCUMENT # P98000069595 BROADWAY ART & FRAMING, INC. 01-27-2000 90088 044 ***150.00 Mailing Address Principal Place of Business 7226 BISCAYNE BLVD. 7226 BISCAYNE BLVD. MIAMI FL 33138 MIAMI FL 33138-5123 3. Mailing Address Principal Place of Business 7551 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number & State 65-0855936 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECK, KENNETH S Box Number is Not Acceptable 7226 BISCAYNE BLVD. MIAMI FL 33138 Miani ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this states rinted name of registered agent and title if applicable 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete TITLE TITLE BECK Kenneth S. BECK, KENNETH S NAME NAME 7551 Biseagne BIVd. Migmi FL 33138 STREET ADDRESS 7226 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAME FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP -- Addition-Delete TITLE - 🔄 Change -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 eport 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 truefee expowered to execute this report as poured 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

Daytime Phone

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR