May 18, 2001 8:00 am Secretary of State 5-18-2001 90007 001 ***150.00

FILED

GOTTFRIED FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 7777 W GLADES ROAD 2901 CLINT MOORE ROAD 764150 SUITE 214 # 149 BOCA RATON FL 33434 BOCA RATON FL 33496 2. Principal Place of Business 3. Mailing Address 2295 GORPORATE BLUD NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #215 City & State City & State 4. FEI Number Applied For 65-0866938 BOCA RATON Not Applicable Country \$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 GOTTKIED JEKKEY Street Address (P.O. Box Number is Not Acceptable) 2 2 95 Corporate GL VO GOTTFRIED, JEFFREY 7777 W GLADES ROAD **SUITE 214 BOCA RATON FL 33434** Zip Code 3343/ 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 . 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE DIREGOR. Change TITLE Delete GOTTERIED JEKKEY NAME NAME GOTTFRIED, JEFFREY 2295 COKPORATE SIND # 215 STREET ADDRESS STREET ADDRESS 7777 W GLADES ROAD SUITE 214 CITY-ST-ZIP ROCK RATON, FL. 33431 CITY-ST-ZIP **BOCA RATON FL 33434** PRESIDENT TITLE Change ☐ Delete TITLE GOTTKRIED JEKKEY NAME NAME STREET ADDRESS 2795 CORPORAN OUD N.W + 215 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCK RATION FU 33431 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

Delete

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081142

1. Entity Name

☐ Change

☐ Change

☐ Addition

Addition