2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 30, 2000 8:00 am Secretary of State DOCUMENT # P98000082570 1. Entity Name 'CAZ-AIR, INC. 03-30-2000 90081 001 ***300.00 Principal Place of Business Mailing Address 3500 GATEWAY DRIVE 3500 GATEWAY DRIVE SUITE 205 SUITE 205 12506 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business 200 LESLIE DRIVE 200 LESLIE DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 1021 **SUITE 1021** 4. FEI Number 65-0869530 Applied For City & State City & State HALLANDALE BEACH, FL Not Applicable HALLANDALE BEACH, FL Country **\$8.75** Additional αiΣ Country 5. Certificate of Status Desired Fee Required 33009 115 33009 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINEBERG, LIBO B. ESQ. Street Address (P.O. Box Number is Not Acceptable) --3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH FL 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed 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. 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 12. 11. PSTD PSTD TITLE TITLE □ Delete CAZELLA, LOUIS A. III NAME CAZELLA, LOUIS A. III STREET ADDRESS 3500 GATEWAY DRIVE SUITE 205 STREET ADDRESS 200 LESLIE DRIVE **SUITE 1021** CITY-ST-7IP HALLANDALE BEACH FL33009 CITY-ST-ZIP POMPANO BEACH FL 33069 Delete ☐ Change ☐ Addition TITLE BUTLER, THERESA A III NAME STREET ADDRESS STREET ADDRESS 3500 GATEWAY DRIVE SUITE 205 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33069 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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. SIGNATURE: SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000033652 1. Entiry Name TLC RESIDENTIAL SERVICES, INC.							
Principal Place of Business 3500 GATEWAY DRIVE STITE SUITE 205 POMPANO BEACH FL 33069 Mailing Address 3500 GATEWAY DRIVE SUITE 205 POMPANO BEACH FL 33069				205	-	12507	
2. Principal Place of Business 200 LESLIE DRIVE Suite, Apt. #, etc.		3. Mailing Address 200 LESLIE DRIVE Suite, Apt. #, etc.			' DO No	OT WRITE IN THIS SPAC	E
SUITE 1021 City & State HALLANDALE BEACH, FL		SUITE 1021 City & State HALLANDALE BEACH, FL		-	4. FEI Number 65 ± 0922762	55÷0922762 Not Applicable	
Zip 33009	Country US 6. Name and Address of Current F	Zip 33009	Country US		5. Certificate of Status Do 7. Name and Address o	Fee F	75 Additional Required
	thanie and Address of Current P	Name		1. Nume and Address o	THEW INCUSTORED PAGE		
FINEBERG, LIBO B ESQ. 3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH FL 33069					P.O. Box Number is Not Acceptable)		
FORFANO BEACH FL 33009			City	. FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOWIII FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of					COST SERVE	ntribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN 11
TITLE NAME STREET ADDRESS	PSTD CAZELLA, LOUIS A.	Delete	TITLE NAME STREET ADDRESS		ER, TERESA LESLIE DRIVE S		Change Addition
CITY-ST-ZIP	3500 GATEWAY DRIVE CAUTE CO SIREET. POMPANO BEACH FL 33069 CITY-ST			HALLANDALE BEACH FL 33009			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BUTLER, THERESA 3500 GATEWAY DRIVE POMPANO BEACH, FL 33	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		RNDADD BERGIL		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS* CITY-ST-ZIP				Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report as	rsionature shall h	ave the s	ame legal effect as if made	under oath: that I am an	officer or director