2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083990 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name PEOPLEFIRST SOLUTIONS, INC. 09-18-2000 90012 016 ***550.00 Principal Place of Business Mailing Address 3535 N BAYHOMES DR 3535 N BAYHOMES DR MIAMI FI 33133 MIAMI FL 33133 A0078985 2. Principal Place of Business 3. Mailing Address 1415 16TH ST. ST. 415 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE A-PT. 1 Applied For City & State City & State 4. FEI Number 65-0867707 BAFACH MLAMIBFACH MIMI 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 PARKER THOMAS UU Street Address (P.O. Box Number is Not Acceptable) 14 15 16 TH SE APE, 4 THOMAS, PARKER W 3535 N. BAYHOMES DR. **MIAMI FL 33131** Zip Code 33/3 1 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Electión Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE GUNTHER, ERIK GUNTHER, ERICK NAME NAME 1415 HOTH ST, APT. 1 STREET ADDRESS STREET ADDRESS 3535 N. BAYHOMES DR. CITY-ST-ZIP MIAMI BEACH, FL 33139 C/TY-ST-7IP **MIAMI FL 33133** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME 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 Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP