2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086646 May 15, 2000 8:00 am Secretary of State 1. Entity Name AUVERLAND AMERICA, INC. 05-15-2000 90096 048 ***150.00 3.簡も多いとものがあること Mailing Address Principal Place of Business 6610 NORTH UNIVERSITY DRIVE 6610 NORTH UNIVERSITY DRIVE SUITE 250 SUITE 250 TAMARAC FL 33321-4033 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0868078 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LASNAUD, ALEZANDRE Street Address (P.O. Box Number is Not Acceptable) 6610 N UNIVERSITY DR #210 TAMARAC FL 33371 Zip Code FL 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 A1. Francis dis tro te, chit OFFICERS AND DIRECTORS 12. PSTD Addition ☐ Delete TITLE LASNAUD, JEAN B NAME NAME 6610 NORTH UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete SERVANIN. FRANCOIS NAME NAME 6610 NORTH UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR