2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P98000100332 J.N. FEURRING CORP. 1 03-06-2001 90007 009 ***158.75 Principal Place of Business Mailing Address 201 disuste Blod. Apt. HC Los Riveride Block VEW YORK, NEW YORK 10069 NEW YORK NEW YORK 10069 2 Principal Place of Business 3. Mailing Address Riversite B 200 Kiraste DO NOT WRITE IN THIS SPACE 491. 31-C Applied For 4. FEI Number 65-0895195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 100 67 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELSON, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES RD, SUITE 306 **BOCA RATON FL 33431** 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) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE FEURRING, JOYCE N 200 Charling Blud 4+31-C FEURRING, JOYCE N NAME NAME 200 RIVERSIDE BLVD APT 31-C STREET ADDRESS STREET ADDRESS Aw York Aw York CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10069 Addition ☐ Change TITLE ☐ Delete TITLE FEURAING, DOUGLAS R NAME NAME 7777 GLADES ROAD # 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33434 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F 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

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: X

CITY-ST-7IP

SUNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/36/01 Days Day

Daytime Phone #