2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000108452 1. Entity Name ZSUZSI & ISTEN, INC. 03-20-2000 90090 024 ***150.00 Mailing Address Principal Place of Business 6572 CHASEWOOD DRIVE. UNIT #E 6572 CHASEWOOD DRIVE. UNIT #E JUPITER FL 33458 JUPITER FL 23458-5835 2. Principal Place of Business 278 LIVE OAK LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State Jupiter. FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired usa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAJTAY, SUSAN Street Address (P.O. Box Number is Not Acceptable) 6572 CHASEWOOD DRIVE, UNIT #E JUPITER FL 33458 Live Oak 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida (NOTE, Registered Agent signature required when reinstating) f applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President/OWNER CR2E004 (9/90) Change Change Delete TITLE Addition TITLE YATTAY GAZUZ VAJTAY, SUSAN NAME NAME 6572 CHASEWOOD DRIVE, UNIT #E STREET ADDRESS STREET ADDRESS 278 Live Oak Lane Jupiter, FL 33458 CITY-ST-ZIP CITY-ST-7IP Jupiter FL 33458 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITL E NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete TITLE TITLE 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 Change ☐ Addition ☐ Defete TITLE 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. 561-747-4700 1-27-00

CER OR DIRECTOR