2003 FOR PROFIT CORPORATION

SIGNATURE:

Feb 13, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000004117 02-13-2003 90223 014 ***150.00 DOCUMENT # 1. Entity Name NORTH EAST 17TH AVE, CORP Principal Place of Business Mailing Address 2365 ARCHCREEK DRIVE 2365 ARCHCREEK DRIVE NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0889519 Not Applicable Zip Country 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 KAY, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 2365 ARCHCREEK DRIVE NORTH MIAMI FL 33161 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Deleta TITLE CR2E034 (10/02) Addition KAY, JOSÉPH M NAME NAME STREET ADDRESS 2365 ARCHCREEK DRIVE STREET ADDRESS NORTH MIAMI FL 33161 CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P THE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplier pintal 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 of trustee empowered to execute this prooff as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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