2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 900005453 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name BELLEAIR HOLDINGS, INC. 04-12-2000 90169 050 \*\*\*150.00 Principal Place of Business Mailing Address 12360 66TH STREET NORTH #H 12360 66TH STREET NORTH #H LARGO, FL 33773 LARGO, FL 33773 C0058051 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3561098 Not Applicat Zip Country Zip 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 NOWAK, GREG, A Street Address (P.O. Box Number is Not Acceptable) 12360 66TH STREET NORTH #H LARGO, FL 33773 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) DATE FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete TITLE ☐ Change ☐ Additic NOWAK, GREG, A NAME NAME STREET ADDRESS 12360 66TH STREET NORTH #H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33773 VTD TITLE ☐ Delete TITLE ☐ Change Addition NAME YEPES, CARLOS NAME STREET ADDRESS STREET ADDRESS 12360 66TH STREET NORTH #H CITY-ST-ZIP CITY-ST-7IP LARGO, FL 33773 Delete TITLE TITLE Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Additic ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 cath; 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 changed, or on an attachment with an address, with all other like empowered.

Tag A. Nowak

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: