2000 UNIFORM BUSINESS REPORT (UBR) FILED May 26, 2000 8:00 am Secretary of State DOCUMENT # P99000006802 1. Entity Name BILL MARTIN, INC. 05-26-2000 90137 030 ***150.00 Principal Place of Business Mailing Address 14459 SW 96 TERRACE 14459 SW 96 TERRACE MIAMI FL 33186-6924 MIAMI FL 33186 740744 3. Mailing Address 2. Principal Place of Business 700 Hummingbird Lane <u>X</u> Humminabid Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Planta hor City & State 4. FEI Number Floride Florida Not Applicable Country \$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 William martinez MARTINEZ, CINDY Street Address (P.O. Box Number is Not Acceptable) 700 Hummingbidles Plantation Florida ane 14459-SW-98-TERRACE 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. WILLIAM MARTINEZ SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE TITLE PRESIDENT ☐ Delete NAME NAME كلاطلاني エハとと Hummingter Lane STREET ADDRESS STREET ADDRESS 1071d~ 3332A CITY-ST-ZIP CITY-ST-ZIP JICE PRESIDENT Change ☐ Addition ☐ Delete TITLE LIAM MARTINEZ NAME STREET ADDRESS Humming bird STREET ADDRESS Hummingbird Lake Hation, Florida 33 324 33324 CITY-ST-ZIP FIBRIDA CITY-ST-ZIP 21amation Addition ☐ Delete Change SECRETARY TITLE TITI F NAME MARTINEZ NAME Hummingbird STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Diantation CITY-ST-ZIP TREASURER ☐ Addition TITLE Change TITLE Delete CINDY DIA PTINEZ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Plantation ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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:

SIGNATURE:

SIGNATURE: