2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # **P99000008553** 1. Entity Name MIKE AND LESLIE LANG, INC. 05-05-2000 90021 018 ***150.00 Mailing Address include Place of Business 3161 VILLAGE BLVD.. #104 31 SILLAGE BLVD., #104 W. PALM BEACH FL 33409-7401 PALM BEACH FL 33409 3. Mailing Address 407 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33*4* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANG, LESLIE 3161 VILLAGE BLVD., #104 W. PALM BEACH FL 33409 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE LANG, LESLIE NAME NAME STREET ADDRESS 3161 VILLAGE BLVD., #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33409 ☐ Delete TITLE TITLE LANG, MIKE NAME NAME STREET ADDRESS 3161 VILLAGE BLVD., #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P W. PALM BEACH FL 33409 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR