2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000009478 May 15, 2000 8:00 am Secretary of State 1. Entity Name BERGERON GULFSTREAM, INC. 03-30-2000 90021 041 ***158.75 Principal Place of Business Mailing Address 19612 SW 69TH PLACE 19612 SW 69TH PLACE FT LAUDERDALE FL 33332-1618 FT LAUDERDALE FL 33332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 22201 City & State Not Applicable Zip Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERGERON, RONALD M SR Street Address (P.O. Box Number is Not Acceptable) 19612 SW 69TH PLACE FT LAUDERDALE FL 33332 Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. ☐ Change Addition TITLE PRESIDENT Defete TITLE RONALD M. BERGERON, Sr. NAME NAME STREET ADDRESS STREET ADDRESS 19612 S.W. 69Th PL CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDAIE, FI 33332 □ Addition TITLE Change TITLE SEC-TREAS. ☐ Detete FRANK NESS 19612 5. W. 69 12 PL. NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-7)P CITY-ST-ZIF FT. Lauder dale, FI 33332 ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Addition Charage TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE D-Delete

13. Thereby certify that the information supplied with this filling 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 to earl 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 legelier for trustice empowered tolex-counterings 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 of the properties of the powered.

CITY-ST-ZIP

name Street address

SIGNATURE:

NAME

STREET ADORESS CHTY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Oate