2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000011468 C.E.I. HOLDING COMPANY, INC. 05-02-2001 90193 046 ***150.00 Principal Place of Business Mailing Address 260 NW 2ND ST 260 NW 2ND ST DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0909315 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent avarra GATSOS, ELAINE M Street Address (P.O. Box Number is Not Acceptable) 1499 W PALMETTO PARK RD, SUITE 210 5710 NW 744 PLACE **BOCA RATON FL 33486** APT. 208 Cocourt (Reek 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. DATE FILE NOW!!! 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT Change Delete ☐ Addition TITLE. TITLE Rovald P Navarra NAME NAME NAVARRA, BARRY 771 SIESTA KEY TRAIL STREET ADDRESS STREET ADDRESS 260 NW 2ND ST Deerfield Bch CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 vice Pres - treas Addition Change TITLE TITLE ☐ Delete William M Ziagos NAME NAME STREET ADDRESS 312 SW 13th ST STREET ADDRESS Ronald A Navarra 5710 NW 7415 Place CITY-ST-ZIP- -3*3311* CITY-ST-ZIP Zl Addition ☐ Delete TITLE NAME NAME coconut creek FL 33073 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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.

Daytime Phone #