2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000018487 Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** ZARMATI CORPORATION 03-08-2000 90082 003 ***158.75 Principal Place of Business Mailing Address ONE BISCAYNE TOWER: SUITE 2975 ONE BISCAYNE TOWER, SUITE 2975 TWO SOUTH BISCAYNE BLVD. TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131 MIAMI FL 33131-1806 2. Principal Place of Business 3. Mailing Address 4153 Pinc Ridge Ln 8004 N.W. 68 st. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State FL Weston 65-0898330 Not Applicable Miami Country \$8.75 Additional Country Zip 5. Certificate of Status Desired U.S.A U.5.A 33331 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Zarman varina. MACDANIEL, JOHN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 4153 Pine Ridge ONE BISCAYNE TOWER, SUITE 2975 TWO SOUTH BISCAYNE BLVD. **MIAMI FL 33131** City Weston 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. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Hesident Addition TITLE Delete TITLE Konng Zarmath 453 Pine Rudge Ln MAC DANIEL JOHN H NAME NAME DIE BISCATHE TOWER, SUITE 2975 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ubston CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI E ☐ Delete NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

13. I hereby 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 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 his leport 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:X

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.30

March 4100

924 221-4384

Daytime Phone #