2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019861 Apr 21, 2000 8:00 am Secretary of State BAU-TECH DESIGN CORP. 04-21-2000 90171 027 ***150.00 Principal Place of Business Mailing Address 13860-12 WELLINGFON TRACE 2161 SUNDERLAND AVENUE WELLINGTON FL 33414 SUITE 208 WELLINGFON FL 33414 3. Mailing Address 2. Principal Place of Business 2141 SUNDEPLAND AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 45-0899062 WELLINGTON Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33414 U.S.∆ Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BAU-TECH DESIGN CORP. SPIECEL & UTREPA. D.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named en SIGNATURE 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, 2000 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. Change ☐ Addition **PSTD** TITLE ☐ Delete TITLE NAME CARREIRO, JOSEPH D NAME STREET ADDRESS STREET ADDRESS 2161 SUNDERLAND AVENUE CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Addition ☐ Delete TITLE Change NAME 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-ZIP Changé ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: X MANAGER AND AFEC OF PRINTED NAME OF SIGNING OFFICER OF DIFFECTOR D. CARRESTON PRES. 4/2/00 SU/190-1999