2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900023454 ----Jul 20, 2000 8:00 am 1. Entity Name LEPARTMENT OF STATE E.T.A. TRADING, INC. **Secretary of State** 07-20-2000 90015 008 ***550.00 Principal Place of Business Mailing Address 3625 VALAIS DRIVE 3625 VALAIS DRIVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 Principal Place of Business 2750 N. 29th Ave DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0907068 Applied For Not Applicable \$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 Brian NISULA, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 3625 VALAIS DRIVE HOLLYWOOD FL 33021 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. 12. Brian D. Nisula 5282 SW 33rd Way TITLE ☐ Delete TITLE **X** Change ☐ Addition NISULA, BRIAN D NAME NAME 3625 VALAIS DRIVE STREET ADDRESS STREET ADDRESS Ft. Larderdale FL 33312 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition TITLE ☐ 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: BIGNATURE AND PRES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

7/13/00

954-921-6355

Daytime Phone #