5/1 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 06, 2000 8:00 am Secretary of State DOCUMENT # P99000031346 MARGATE JIRED, INC. 05-13-2000 90004 018 ***150.00 Mailing Address Principal Place of Business 1850 N. STATE ROAD 7 1850 NL STATE ROAD 7 MARGATE FL 33063 MARGATE FL 33063-5708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0897100 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent I w Amo Street Address (P.O. Box Number is Not Acceptable) KATZ, EDWARD S <3050_SUNRISE LAKES DRIVE, E. BUILDING 2. #106 SUNRISE FL 33322 City urpose of charging its registered office or registered agent, or both, in the State of Florida ent for their 8. The above named entity submits this states SIGNATURE [NOTE. Registered Agent signature required when rein Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ☐ Change Addition Delete TITLE TITLE EDWARD S. KATL 11287 NW CSTHCT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKLMA, FL 33076 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-21P [] Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72 _[] Addition TITLE Delete -- -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP

13. Thereby 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 of 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 aggregas, with all other like empowered.

SIGNATURE:

CRY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR