2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000034311 1. Entity Name STAAB, INC. 04-24-2001 90045 011 ***150.00 Principal Place of Business Mailing Address 648 NORTHEAST 26TH AVE. 848 NORTHEAST-26TH AVE. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 801 Middle Suite, Apt. #, etc. Middle River DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0924987 Lauderdale Not Applicable Country US/4 \$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 SAUTTER, C CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 2900 E OAKLAND PARK BLVD, SUITE 200 FT LAUDERDALE FL 33306 Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change ☐ Addition TITLE Delete TITLE MCGEE, PAUL NAME NAME 801 Middle River 648-NORTHEAST-26TH-AVE-STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL 33304 FT. LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE STAAB, JOHN P NAME NAME middle River Dr. STREET ADDRESS 648-NORTHEAST-26TH-AVE. STREET ADDRESS Ft. Lauderdale, FL 33304 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Delete TITI F TITLE SAUTTER, C. CHRISTIAN -NAME NAME Middle River Dr. Lauderdale, FL STREET ADDRESS 648 NORTHEAST 28TH AVE. STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP FT. LAUDERDALE FL 33304 TITI F TITLE ☐ Delete 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 ☐ Addition ☐ Change ☐ Delete TITLE 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 eppowered 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 add e empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO