_ 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000043556 Mar 26, 2001 8:00 am **Secretary of State** REGIS INVESTMENTS, INC. 03-26-2001 90149 018 ***150.00 Principal Place of Business Mailing Address 6245 N. FEDERAL HWY, SUITE 300 . 6245 N. FEDERAL HWY. SUITE 300 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 3200 UNIVERSITY 3200 UNIVERSITY DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SuiTE 210 SUITE 65-0919091 City & State City & State 4. FEI Number Applied For CORAL SPRINGS CORAL SPRINGS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERS ALEXIS ANDERS, ALEXIS Street Address (P.O. Box Number is Not Acceptable) 3200 UNIVERSITY 6245 N. FEDERAL HWY, SUITE 300 FT. LAUDERDALE FL 33308 JuiTE 210 Zio Code 65 CORAL SPRINGS bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named ent SIGNATU 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SR2E034 (10/00) TITLE Delete ☐ Change ANDERS, ALEXIS ANDERS, ALEXIS NAME NAME 3200 UNIVERSITY DR, SUITE 210 6245 N FEDERAL HWY, SUITE 300 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP · 🗀 Change TITLE Delete TITLE Addition NAME J. 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 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental report ly 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 trusted employered 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 attact ment with any acquiress with all otherwise empowered. 13. I hereby certify that the information supplied with I

ALEXIS ANDERS