FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am DOCUMENT # P99000 45884 **Secretary of State** 1. Entity Name 05-11-2001 90307 008 ***150.00 MOPAK, INC. Principal Place of Business Mailing Address 195 ST DAVIDS WAY SAME A0061893 SUITE 100 WELLINGTON, FL 33414 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For-4. FEI Number City & State City & State Not Applicable 65-0925425 \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARATORE PAco Street Address (P.O. Box Number is Not Acceptable) YAW COIVAD TZ 2PI SUITE 100 Zip Code City WELLINGTON, FL 33414 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, 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition PD ☐ Change TITLE ☐ Delete TITLE PACO PARATORE NAME NAME 195 ST DAVIDS WAY, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Addition ☐ Change ☐ Delete TITLE MORELLI NAME 3587 CHESAPEAKE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Change Addition TITLE ☐ Delete TITLE SUSAN PARATORE NAME NAME STREET ADDRESS 195 ST DAVIDS WAY, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Change ■ Addition TITLE TITLE SAMES MORELLI NAME NAME 3587 CHESAPEALE CIRCLE STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE

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 acculate 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

561) 790-5261