2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am DOCUMENT # **P99000047745** 1. Entity Name **Secretary of State** WILD WILD EAST, INC. 01-19-2000 90303 018 ***158.75 Principal Place of Business Mailing Address 3934 GLENOAKS MANOR DR 3934 GLENOAKS MANOR DR SARASOTA FL 34232-1036 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address 913 NORTHGATE 8 LVN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 0929373 Applied For City & State City & State SARASOTA Not Applicable Country \$8.75 Additional Ζip × 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUFTI LEWIS, NEIL F Street Address (P.O. Box Number is Not Acceptable) HORTH GATE 705 E KENNEDY BLVD **TAMPA FL 33602** SARASOTA 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PVTD Change ☐ Delete PRESID BNT AMER MUFTI 1913 NORTH GATE MUFTI, AMER NAME BLVD. 3934 GLENOAKS MANOR DR STREET ADDRESS STREET ADDRESS SARASOTA, FL 34234 SARASOTA FL 34232 CITY-ST-7IP CITY-ST-ZIP **■** Delete JIJLE TITLE LEWIS, NEIL F NAME NAME 705 E KENNEDY BLVD STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP ☐ Ωelete X Addition TITLE EN S. HI NORTH GATE HAMELBURG NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 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. MUFTI

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR