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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054970 Apr 28, 2000 8:00 am Secretary of State CMI STONE GROUP, INC. 01-27-2000 90049 002 ***150.00 Principal Place of Business Mailing Address 2001 N.W. 44TH STREET 2001 N.W. 44TH STREET POMPANO BEACH FL 33064-8707 POMPANO BEACH FL 33064 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALCAVI, MEUCCIO Street Address (P.O. Box Number is Not Acceptable) 2001 N.W. 44TH STREET POMPANO BEACH FL 33064 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 filling 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 ひからり かいよんせい PD Delete TITLE TITLE ALCAVI, MEUCCIO 001 N.W. 44TH STREET COMPANO BEACH. EL 3 NAME VALCAVI, MEUCCIO NAME STREET ADDRESS 2001 N.W. 44TH STREET STREET ADDRESS POMPANO BEACH. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Delete DTLE Change TITLE ALCAVI, MALIEU 001 N.W. 44TH STREE NAME MAKE VALCAVI, MATTEO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, TITLE ☐ Delete NAME NAME ALÇAVI STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-782 Addition ☐ Delete Chárgos TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE 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 path; that I am an officer or director of the corporation or the receiver or trustee engowered 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 adversary all other like suppowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR