2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000061027 Jan 27, 2000 8:00 am **Secretary of State** TONEL, INC. 01-27-2000 90086 018 ***150.00 Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE SUITE 503 SUITE 503 COAL GABLES FL 33134 COAL GABLES FL 33134-5105 82226 Oversens High 82226 OVERSERS Highway DO NOT WRITE IN THIS SPACE 4. FEI Numbe Otty & State Applied For Not Applicable \$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 Name PERLIN, BRIAN C Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 503 COAL GABLES FL 33134 Zip Code FL 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE NAME NAME PERLIN, BRIAN C STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 503 CITY-ST-ZIP CITY-ST-ZIP COAL GABLES FL 33134 Addition TITLE ☐ Delete NAME NAME OVERSENS HUM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IS/AMORADH, Pl. - □ Delete - _ -TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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 Change ☐ Delete Addition 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//20/2300 (3AS)6649212 Date Daytime Phone #