2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 19, 2000 8:00 am Secretary of State DOCUMENT # P99000062552 1. Entity Name PROROSES.COM. INC. 07-19-2000 90004 012 ***150.00 Principal Place of Business Mailing Address 2025 EAST SUNRISE BLVD. 2025 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 AUU67926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Numbe Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALLEN, JARED M Street Address (P.O. Box Number is Not Acceptable) 2025 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304 City 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) DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. PD ☐ Change Addition T/T/ F Delete TITI F KALLEN, JARED M NAME NAME STREET ADDRESS STREET ADDRESS 2025 EAST SUNRISE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREÉT ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Defete

954-789-6982

☐ Change

Change

Addition

☐ Addition

ProRoses.com, Inc. 2025 East Sunrise Blvd. Ft. Lauderdale, FL 33304 954-571-7066

To Whom It May Concern:

My name is Jared Kallen and I am the President and Registered Agent for PROROSES.COM, INC. On July 7, 2000 I received the Corporations first 2000 Uniform Business Report Filing Form. This form states second notice, however, the company never received a first notice. I contacted your office on Monday, July 10, 2000 and spoke with a representative who advised me to send in the \$150 filing fee along with this letter.

Thank you,

Jared Kallen

President

ProRoses.com, Inc.