2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P99000074072 1. Entity Name PC-EASY, INC. 01-20-2000 90171 017 ***150.00 Mailing Address Principal Place of Business 25 SE 2ND AVENUE 25 SE 2ND AVENUE **SUITE 220** SUITE 220 C0008484 MIAMI FL 33131-1508 MIAMI FL 33131 2. Principal Place of Business 13899 BISCHWE BLYD 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State N. MIAMI BEACH City & State 0942056 Not Applicable \$8.75 Additional Country 33181 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSEN, BORIS Street Address (P.O. Box Number is Not Acceptable) 25 SE 2ND AVENUE **SUITE 220** MIAMI FL 33131 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 12. 11. Addition TITLE Delete TITLE ARIEH BREZINER HIMMELSTERN, ALBERTO NAME NAME STREET ADDRESS 25 SE 2ND AVENUE STREET ADDRESS M1441, FL. 33131 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE HIMMELSTERN, SALO NAME NAME STREET ADDRESS STREET ADDRESS 25 SE 2ND AVENUE CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33131** ☐ Addition 🔀 Delete TITLE TITLE HIMMELSTERN, ANITA NAME NAME STREET ADDRESS 25 SE 2ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI-FL 33131** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 received truster in Section 119.07(3)(ii), 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 received trusters are considered by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment of the corporation of the corporati

SIGNATURE: