2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000076766 CORPORATE ANALYSIS GROUP, INC. 4-24-2001 90237 046 ***150.00 Principal Place of Business Mailing Address 5320 NW 10TH TERR 5320 NW 10TH TERR FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0946711 Not Applicable ZipZip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. VAZQUEZ, JOSEPH M III Street Address (P.O. Box Number is Not Acceptable) 5320 NW 10TH TERR FT LAUDERDALE FL 33309 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. OATE (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 After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE vazquez, Joseph M III NAME NAME 5320 NW 10TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 JAZquez JIBEPh M 111 Delete 5320 NW 10+4 BE 22309 Et IMNORIDAGE F 22309 ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIPEZ-ZIP 3 \$30 9 CITY-ST-ZIF ☐ Channe ☐ Addition TITLE □ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATURE AND TYPENON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description Statutes of further certify that the information indicated in 19.07(3)(i), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify that the information indicated in 19.07(3)(ii), Florida Statutes. I further certify