## 2000 UNIFORM BUSINESS REPORT (UBR) 2/1 DOCUMENT # P99000082501 May 03, 2000 8:00 am Secretary of State UNIVERSALCATALOG.COM, CORP. 02-14-2000 90175 009 \*\*\*150.00 Mailing Address Principal Place of Business 16112 N.W. 13TH AVENUE SUITE & B 16112 N.W. 13TH AVENUE SUITE # B MIAMI FL 33169-5748 MIAMI FL 33169-5748 3. Mailing Address 2. Principal Place of Business 13 AVE 16112 NW 13 AVE 16112 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE City & State 4. FEI Number Applied For City & State 65-0947247 man Not Applicable Country USA \$8.75 Additional 33169-5<del>7</del>48 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENJAMIN LAMD MAN LANDMAN, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 16112 N.W. 13TH AVENUE SUITE & B SUITE MIAMI FL 33169-5748 Mim: 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 PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed 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 11. paes. CANDMAN, BENYAMIN L. 16112 NW 13 AVE, SUITE B PITISICIM ☐ Change TITLE Delete TITLE LANDMAN, BENDAMIN L. BITTE B NAME NAME STREET ADDRESS nivemi FL 33169-5748 STREET ADDRESS MIAN, FL 33169-5748 CITY-ST-ZIP CITY-ST-ZIP TITLE Channe ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ··· - - Change -TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **—** ••• ☐ Change ☐ Celeta TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE THAM. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITE F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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: