2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

FILED DOCUMENT # **P99000084018** May 26, 2000 8:00 am Secretary of State KINGDOM INDUSTRIES (USA) INC. 05-26-2000 90112 036 ***150.00 Principal Place of Business Mailing Address 3500 N STATE RD 7. SUITE #440 P O BOX 101083 FT LAUDERDALE FL 33310-1083 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-095205 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WHITE WHITE, JO MARIE 5780 NW 60TH AVE, SUITE #201 TAMARAC FL 33319 6454 NW 65TH TERRACE Zip Code **33067** PARKLAND 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. 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. BAILEY, KINGSLEY E. A 6454 NW 65 NTERRACE Addition 2 ☐ Delete TITLE BAILEY, KINGSLEY E NAME 5780-NW-60TH-AVE, -SUITE-#201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33067 TAMARAC FL 33319 CITY-ST-ZIP Addition ☐ Delete TITLE WHITE, JO-MARIE 6454 NW 65TH TERRACE WHITE, JO MARIE NAME 5780-NW 60TH AVE, SUITE #201 STREET ADDRESS STREET ADDRESS PARKLAND FL 33067 CITY-ST-7IP TAMARAC FL-88319 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME 'Maharaj, omar d - 🕒 NAME STREET ADDRESS 2116 NW 76TH WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARGATE FL 33063 ☐ Change Addition Delete TITLE BAILEY, EARL NAME NAME STREET ADDRESS STREET ADDRESS 3500 N STATE RD 7, SUITE 440 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 DIRECTOR **Change** Addition ☐ Delete TITLE TITLE BROWN, NOILFRED BROWN, WILFRED NAME 6800 NW 46TH COURT STREET ADDRESS 1802 N UNIVERSITY DR; SUITE #200 STREET ADDRESS CITY-ST-ZIP AUDERHILL FL 33319 PLANTATION-FL-33322 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HYLTON, DAVE NAME NAME STREET ADDRESS 1209 SUSSEX DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N LAUDERDALE FL 33068 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.

JO-MARIE WHITE 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR