2000 UNIFORM BUSINESS REPO代刊(UBR) FILED DOCUMENT # **P99000090649** May 10, 2000 8:00 am Secretary of State P & S ARTS, INC. 03-03-2000 90266 024 ***150.00 Principal Place of Business Mailing Address 16400 SW 91 AVENUE 16400 SW 91 AVENUE MIAMI FL 33157-3517 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE -Suite-Apt-#-etc--_Suite,-Apt..#, etc. _ 4. FEI Number City & State Applied For City & State <u>50956130-0</u>815 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEVINE, IRWIN H Street Address (P.O. Box Number is Not Acceptable) 1747 VAN BUREN STREET SUITE 950 HOLLYWOOD FL 33020 City Zip Code 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 tule if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS TITLE Change ☐ Addition ☐ Delete TITLE OWENS, PATRICIA NAME NAME STREET ADDRESS 16400 SW 91 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 VD -TITLE ☐ Change ☐ Addition ☐ Delete 12.5 OWENS, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 16400 SW 91 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE THEF 1. ... NAME NAME STREET ADDRESS STREET ADDRESS

13: I hereby certify that the information supplied with this filling 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

SIGNATURE:

CITY-ST-ZIP

O'TAL PLANT