2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000102020. May 11, 2001 8:00 am Secretary of State BUY-REQUEST CORP. 05-11-2001 90117 050 \*\*\*150.00 Mailing Address Principal Place of Business 2002 NE 120TH RD. 2002 NE 120TH RD. N, MIAMI FL 33181 N. MIAMIFL 33181 LODESOUA 2. Principal Place of Business 3. Mailing Address 995 NE 124 ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0973123 N, MIAMI Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REINER JAY Street Address (P.O. Box Number is Not Acceptable) 2002 NÉ 120TH RD. N. MIAMI, FL 33181 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check-Payable to Department of State -(See criteria on back) - ----ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition アクグ Change TITLE TITLE Delete STEPHEN DANISOUSZKY REINER JAY 2002 NE 120TH RD NAME NAME 995 NE 124 ST, SUITE 200 STREET ADDRESS STREET ADDRESS N. MIAMI, FL 33161 CITY-ST-ZIP N. MIAMI FL 33181 CITY-ST-ZIP Change **Addition** P Delete TITLE TITLE JEANIE MCGUIRE 995 NE 124 ST. SUITE 200 REINER CAMILLE NAME NAMÉ 2002 NE 120TH RD STREET ADDRESS STREET ADDRESS N. MIAMI, FL 33161 CITY-ST-ZIP N. MIAMI FL 33181 CITY-ST-ZIP Change ☐ Addition ☐ Delete REINER JAY 995 NE' 124ST. SUITE 200 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE REINER CAMILLE NAME NAME 995NE 1245T. SUITE 200 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete 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 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 attackment with an address, with all other like empowered. STEPHEN DANISOUSZKY SIGNATURE: ≤ RE AND TYPED OR PRINTED NAME OF