FILED DOCUMENT # P99000105338 May 01, 2000 8:00 am Secretary of State OILY'S ONE, INC. 03-04-2000 90004 001 ***150.00 Mailing Address Principal Place of Business 6500 W COMMERCIAL BLVD W COMMERCIAL BLVD '''' FL 33319 LAUDERHILL FL 33319 3. Mailing Address 2. Principal Place of Business meto Suite, Apt. #, etc 65-0967428 Suite, Apt. #, etc. Applied For City & State Çity & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) D'AMICO, DOMINIC 3030 NW 118TH AVE **CORAL SPRINGS FL 33065** City Zip Code 33065 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 (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 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 11. CR2E034 (9/99 PRES. ☐ Change Addition D TITLE TITLE ☐ Delete D'AMICO, DOMINIC NAME NAME STREET ADDRESS STREET ADDRESS 3030 NW 116 AVE CITY-ST-ZIP CITY-SI-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition STEVEN D'AMUS TITLE www 11leth Ame NAME NAME STREET ADDRESS STREET ADDRESS 33065 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition: TITLE ☐ Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITE F TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

3/2000 00004 004 0440 00 0440 00