2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2001 8:00 am Secretary of State DOCUMENT # P99000107058 WORLD TRADE & CREDIT SERVICES, INC. 01-27-2001 90084 032 ***150.00 Principal Place of Business Mailing Address 8675 FALCON GREEN DRIVE 8675 FALCON GREEN DRIVE WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address 867S FALCON GREEN DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For City & State 4. FEI Number 13-3371051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ils# Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBERG, DAVID Street Address (P.O. Box Number is Not Acceptable) 8675 FALCON GREEN DRIVE WEST PALM BEACH FL 33412 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Addition TITLE ☐ Delete GOLDBERG, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 8675 FALCON GREEN DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Addition ☐ Delete TITLE Change TITLE GOLDBERG, BARBARA A NAME NAME STREET ADDRESS STREET ADDRESS 8675 FALCON GREEN DRIVE CITY-ST-ZIP CITY-ST-7IP WEST-PALM-BEACH FL-33412 TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete 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 of flustee 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: