FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 29, 2000 8:00 am Secretary of State **DOCUMENT # \$44840** PETER COOPERS TAILORS INC. 03-29-2000 90048 039 ***150.00 2 NO NE Mailing Address Principal Place of Business 17 mm 630962 N.E 1ST AVE? 200 NE 13T AVE. HALLANDALE FL 33009 4205 FL 22000 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. Applied For City & State 4. FEI Number City & State 65-0260907 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOPER, PETER Street Address (P.O. Box Number is Not Acceptable) 2650 N.E. 212 TERR. NORTH MIAMI BEACH FL 33180 Zip Code City 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 Signature, typed or printed name of registered agent and title 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Change Addition ☐ Delete TITLE TITLE COOPER, PETER NAME NAME STREET ADDRESS STREET ADDRESS 2650 N.E. 212 TERRACE CITY-ST-ZIP CITY-ST-7IF NORTH MIAMI BEACH FL ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE: