FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 21, 2001 8:00 am **DOCUMENT # \$47621 Secretary of State** 1. Entity Name E.I.N., INC. 03-21-2001 90013 047 ***150.00 Principal Place of Business Mailing Address 11130 S.W. 57 COURT 11130 S.W. 57 COURT COOPER CITY FL 33328 COOPER CITY FL 33328 L U U L U U U I 2. Principal Place of Business 16057 BRIGR CREEK DR 3. Mailing Address SANEAS #2 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0260638 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PILGRIM, ANDREW T 11130 S.W. 57 COURT COOPER CITY FL 33328 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 12. TITLE Delete TITLE PILGRIM, ANDREW T NAME 16057 BRIER CREEK STREET ADDRESS 11130 S.W. 57 COURT STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33328 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change _ . Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

BINTED NAME OF SIGNING OFFICER OR DIRECTO