FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 09, 2002 8:00 am Secretary of State DOCUMENT # S51550 1. Entity Name AAA CREMATION EMPORIUM, INC. 05-09-2002 90017 026 ***150.00 Principal Place of Business Mailing Address 225 SW 21 TERRACE PO BOX 22577 FORT LAUDERDALE FL 33312 STF A US FT LAUDERDALE FL 33335 2. Principal Place of Business Mailing Address 356 N.W.27th AVENUE P.O.BOX 1400 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0286111 FT LAUDERDALE FL 33302 FT LAUDERDALE FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33302 BROWARD BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELETE JOSEPH DAMIANO GIMBEL, ALBERT G Street Address (P.O. Box Number is Not Acceptable) 356 N.W. 27th AVENUE 215 S MONROE STREET NO LONGER TALLAHASSEE FL 32302-1876 FT LAUDERDALE, FLORIDA Zip Code FT LAUDERDALE, FL 33311 8. The above nag omits this statement for the pure se of changing its registered office or registered agent, or both, in the State of Florida. JOSEPH DAMIANO SIGNATURE APRIL 30th, 2002 (NOTE: Registered Agent signature required when reinstating) 9. This corpo ion is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filin requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** Delete Change ☐ Addition SEC & TREASURE DAMIANO, JOSEPH NAME NAME JOSEPH DAMTANO 225 S.W. 21ST TERR. STREET ADDRESS STREET ADDRESS 356 N.W. 27th AVENUE FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33311 TITLE **X**Delete TITLE ☐ Change ☐ Addition rsd NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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-ZIP

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SMATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

954-581-6666/APRIL 30th, 2002

Date

Davtime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (9/01)