2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # S71261 1. Entity Name PUDER INVESTMENTS, INC. 05-01-2000 90037 039 ***150.00 Mailing Address Principal Place of Business -0419 TWIN LAKE DR-10299 UTOPIA CIRCLE WEST BOYNTON BEACH FL 33437 -STE: 104--BOCA RATON FL*33496 1823 3. Mailing Address 5235 Princeton Wa Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0375671 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUDER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 8419 TWIN LAKE DR -STE 104 BOCA RATON FL 33496 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) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Change TITLE ☐ Delete TITLE PUDER, MICHAEL NAME NAME 5235 Prince ton Way 8419 TWIN LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496 **PST** ☐ Delete TITLE TITLE PUDER, MICHAEL NAME STREET ADDRESS 8419-TWIN-LAKE-DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA-RATON-FL-33496 TITLE ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ichael S. Puder 4-20-00