2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED **DOCUMENT # \$78112** Mar 10, 2000 8:00 am **Secretary of State** CLAY METAL AND STONE INC. 03-10-2000 90034 029 ***150.00 Principal Place of Business Mailing Address 1001 W. CYPRESS CREEK RD. 1001 W. CYPRESS CREEK RD. #400 #400 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 US 3. Mailing Address 2. 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 65-0281905 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Berlin, Louis Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191 STREET #702B (18) AVENTURA FL 33180 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 DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE BERLIN, LOUIS NAME NAME STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST STREET, #702B CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 ☐ Change Addition ☐ Delete TITLE. TITLE MISSIKA, MIKE NAME NAME STREET ADDRESS 1001 W. CYPRESS CREEK RD., #400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Addition ☐ Change Prostruction ☐ Delete TITLE TITLE NAME LEVIN, ROBERT A NAME STREET ADDRESS 1001 W. CYPRESS CREEK RD., #400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

#VIN place