2001 UNIFORM BUSINESS REPORT (UBR)

MWW president

SIGNATURE:

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # V00706 1. Entity Name ELBM CORP. 04-13-2001 90046 003 ***150.00 Mailing Address Principal Place of Business 223 SUNSET AVE., STE 223 223 SUNSET AVE., STE 223 PALM BEACH FL 33480 UUUJJbJö PALM BEACH FL 33480 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0306831 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 VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DR., STE 500E WEST PALM BEACH FL 33401 City Zip Code FI 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 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 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change ☐ Addition Delete TITLE COOK, EDWARD W NAME NAME STREET ADDRESS STREET ADDRESS 223 SUNSET AVE., STE 223 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 CHARUAN, PRES, SEC, TREAS & Change **VSTD** ☐ Delete TITLE TITLE COOK MARKW 223 SUNSET AVE, WITE 223 PASU BEALH, FLORIDA 33480 COOK, MARK W NAME NAME 223 SUNSET AVE., STE 223 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete 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-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

4/10/201