FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am Secretary of State DOCUMENT # V02150 DEIN INVESTMENT CORP. 05-03-2001 91134 034 \*\*\*150.00 Principal Place of Business Mailing Address 918 NE 15TH AVE. 918 NE 15TH AVE. UNIT 1 UNIT 1 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0306897 Not Applicable Zip Country 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 Name DEINHARDT, JOHN B Street Address (P.O. Box Number is Not Acceptable) 918 NE 15TH AVE. UNIT 1 FORT LAUDERDALE FL 33304 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPTVS Change Change Addition Delete TITLE TITLE DEINHARDT, JOHN B. NAME DEINHARDT, JOHN B. NAME 918 NE 15th AVE., UNIT 1 STREET ADDRESS STREET ADDRESS 918 NE 15TH AVE. UNIT 1 FORT LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Addition Change TITLE 🖬 Delete TITLE NAME DEINHARDT, JOHN B NAME STREET ADDRESS STREET ADDRESS 918 NE 15TH AVE. UNIT 1 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 TÜTLE Change ☐ Addition TITLE Delete\_ DEINHARDT, ELIZABETH C NAME NAME STREET ADDRESS 2601 E OAKLAND PK BLVD, SUITE 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CİTY-ST-ZIP 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 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 attackment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (954) 462-7774