2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V25152 May 08, 2000 8:00 am 1. Entity Name Secretary of State National Factor Group Inc. 05-08-2000 90040 037 ***158.75 Principal Place of Business Mailing Address 2131 Blount Road 2131 Blount Road Pompano Beach, FL 33069 Pompano Beach, FL 33069 120314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State _ City & State 4. FEI Number Applied For -65-0325374 Not Applicable Zip Country 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 Alif, Nabil Street Address (P.O. Box Number is Not Acceptable) 2131 Blount Road Pompano Beach, Florida 33069 Zip Code 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. 4/21/2000 Nabil Alif **SIGNATURE** (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, 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. ☐ Change : ☐ Addition ☐ Delete TITLÉ President NAME Alif, Nabil STREET ADDRESS 2131 Blount Road CITY-ST-ZIP Pompano Beach, FL 330 6.9 □ Delete ☐ Addition ☐ Change STREET ADDRESS CITY-ST-ZIP Delete_ ☐ Change ☐ Addition TITLE NAME STREET ADDRESS

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐1 Change 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.

SIGNATURE

Nabil SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/21/2000

954-968-7888