2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2001 8:00 am DOCUMENT# Secretary of State 1. Entity Name 04-13-2001 90057 032 ***158.75 National Factor Group Inc. Principal Place of Business Mailing Address 2131 Blount Road 2131 Blount Road Pompano Beach, FL 332 Pompano Beach, FL ADDATY63 33069 33069 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 Not Applicable <u>65-0325374</u> Country_ 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 Name Alif, Nabil Street Address (P.O. Box Number is Not Acceptable) 2131 Blount Road Pompano Beach, FL 33069 Zip Code City 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, --- - - - --Added to Fees-(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition NAME

11. TITLE NAME Alif, Nabil STREET ADDRESS STREET ADDRESS 2131 Blount Road CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL 33069 Delete TITLE 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 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 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and appurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Il of left like empowered. 13. I hereby certify that the information supplied with this

Nabil Alif

OF SIGNING OFFICER OR DIRECTOR

3/30/01

Daytime Phone #

indicated on this report or supplemental report is try

attachment with ar

ATURE,

trustee empoy

raddress with

ND TYPED OR PRINTED NAM

of the corporation or the receiver or

SIGNATURE: