2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **V35740** 1. Entity Name I & E INVESTMENT CORPORATION 04-12-2000 90064 017 ***150.00 Principal Place of Business Mailing Address % EUGENIA ROSEN % EUGENIA ROSEN 2751 SOUTH OCEAN DRIVE. APT. 1105 SOUTH 2751 SOUTH OCEAN DRIVE, APT. 1105 SOUTH HOLLYWOOD FL 33019 HOLLYWOOD FL 33019-2721 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0332420 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, ISAAC Street Address (P.O. Box Number is Not Acceptable) 2500 PARKVIEW DRIVE: #2105 27515 OCEAN DR -APT 1105 HALLANDALE FL 33009 Zio Code JOULYWOOD 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees _(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition TITLE ☐ Delete ROSEN, ISAAC NAME NAME 2751 S. OCEAN DR. - APT 1105 SOUTH STREET ADDRESS 2500 PARKVIEW DRIVE, #2105 SYRFET ADDRESS HOLLYWOOD, FL 33019 CiTY-ST-7IP CITY-ST-ZIP HALLANDALE FL 33309 Change Addition ☐ Delete TITLE TIT! F ROSEN, EUGENIA NAME 2751 S. OCERN DR. - APT 1105 SOUTH STREET ADDRESS 2500-PARKVIEW-DRIVE; #2105 STREET ADDRESS 33014 CITY-ST-7IP CITY-ST-ZIP HALLANDALE FL 23300 HOLLYWOOD, FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Jam 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 of light 2 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

104/2000 - 9383

Daytime Phone #

[Change

☐ Addition

CR2E034 (9/99