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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am **DOCUMENT # V51859** Secretary of State BUY LOW-SELL HIGH, INC. 03-12-2001 90031 026 ***158.75 Principal Place of Business Mailing Address PO BOX 95 PO BOX 95 KEY COLONY BEACH FL 33051 KEY COLONY BEACH FL 33051 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 65-0369633 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 Joseph, John P. Street Address (P.O. Box Number is Not Acceptable) 19701 S.W. 127TH AVENUE MIAMI FL 33177 City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition JOSEPH, GEORGE P NAMÉ 19101 S.W. 61ST MANOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33332 CITY-ST-ZIP ☐ Delete TITLE TO SCAH, PAUL C. JOSEPH, PAUL G NAME NAME PO. BOX 104 STREET ADDRESS PO BOX 51021 N/A STREET ADDRESS CITY-ST-ZIP **KEY COLONY BEACH FL 33051** CITY-ST-ZIP key counny beach, fl 33051 Change TITLE ☐ Delete TITLE ☐ Addition JOSEPH, JOHN P NAME NAME 9407 STERLING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition JOSEPH, KURT G NAME NAME PO BOX 510 NA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY COLONY BCH FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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. 2/27/01