2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # V70195** 1. Entity Name ACQUIRE LEASING CO., INC. 04-27-2001 90347 033 ***150.00 Principal Place of Business Mailing Address 1315 NEPTUNE DR 2021 TYLER STREET BOYNTON BCH FL 33428 HOLLYWOOD Ft. 33020 US 13730 STATE R.D. 84 PMB DAVIN FLORIDA 33332 2. Principal Place of Business US 13800 ALEXANDRIA CT. DAVIE FL 33325 3130 STATE RD 84 3800 ALEXANDRIA DO NOT WRITE IN THIS SPACE PMB 212 City & State 4. FEI Number Applied For 65-0361152 CLARIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADLER, MITCHELL ESQ. 2021 TYLER ST ALEXANDRIA HOLLYWOOD FL 33020 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 (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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (10/00) Change HILL, GEORGE NAME STREET ADDRESS 13800 ALEXANDRIA CT STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP BBE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Coange ☐ Addition 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 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.

SIGNATUSE.

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #