2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State V73750 DOCUMENT # 05-24-2002 91323 041 ***150.00 SYMMETRICAL RESOURCES CORPORATION Mailing Address Principal Place of Business 700 W. HILLSBORO BLVD. 700 W. HILLSBORO BLVD. BLDG. 4 SUITE 201 BLDG. 4 SUITE 201 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 US 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 65-0365828 Not Applicable Zip Country Zip 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 LIVEK, WILLIAM PAUL Street Address (P.O. Box Number is Not Acceptable) 5400 LEITNER DRIVE W. **CORAL SPRINGS FL 33067** 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, 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Chief F. home Il Of Gr | Change CR2E034 (9/01) TITLE ☐ Delete TITLE LIVEK, WILLIAM PAUL NAME NAME Thomas C. Birch 5400 LEITNER DRIVE W. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME ENGEL, WILLIAM STREET ADDRESS STREET ADDRESS 902 SEASAGE DR CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE 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 truetee 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 addless, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED