2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # 377053 1. Entity Name TEFT, INC. 05-07-2001 90010 032 ***150.00 Principal Place of Business Mailing Address 24105 S.W. 187 AVE. 24105 S.W. 187 AVE. HOMESTEAD FL 33030 HOMESTEAD FL 33030 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 59-1388164 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 TEFT, WILLARD J Street Address (P.O. Box Number is Not Acceptable) 24105 SW 187 AVE HOMESTEAD FL 33031 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) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ۷P ☐ Delete TITLE CR2E034 (10/00) Change ☐ Addition NAME TEFT, CRAIG J NAME STREET ADDRESS STREET ADDRESS 1313 BAINBERRY RIDGE LN CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89134 TITLE **VP** ☐ Delete TITLE Change ☐ Addition NAME NAME TEFT, CURTIS A STREET ADDRESS STREET ADDRESS 12481 S W 190 ST CITY-ST-ZIP CITY-ST-71P MIAMI FL 33177 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME TEFT, WILLARD J NAME STREET ADDRESS 24105 SW 187 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33031 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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

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 additions. With all other like empowered.

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SIGNATURE: Trees to be Wil

CITY-ST-ZIP

4-26-01 305-245-5646

Daytime Phone #