2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State **DOCUMENT #** P00000021157 1. Entity Name 04-24-2002 90307 039 ***150 00 FLAKES, INC. Mailing Address Principal Place of Business 1800 NE 28TH TERRACE 1800 NE 28TH TERRACE 838163 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business 3471 Cordoba DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. # etc. 4. FEI Number Applied For City & State City & State 65-0986890 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33446 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent erner, LERNER, KENT Street Address (P.O. Box Number is Not Acceptable) 1800 NE 28 TERRACE POMPANO BEACH FL 33-0624 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Delete TITLE Lerner, Kent NAME NAME LERNER, KENT 13471 Cordoba Lake Way STREET ADDRESS 1800 NE 28TH TERRACE STREET ADDRESS Delray Beach CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 peopl 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 of 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 attack **SIGNATURE:**

TURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED