## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # S64318  1. Entity Name APPETITES, INC.				Secretary of State 04-10-2002 90437 010 ***150.00		
Principal Place of Business 18220 W DIXIE HWY MIAMI FL 33160		Mailing Address 16499 NE 19TH AVENUE SUITE 107 MIAMI FL 33162 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 65-0273707 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
RICHARD	DIXIE HWY	en in the second of the second	3	HAR	N Moskul all P.O. Box Number is Not Acceptable)  HALLANDALE B(H BLUN)  KE PURK  FL 35023	<u>.</u> -
SIGNATURE .	Spnature typed of printed name of registered agent a pration is eligible to satisfy its Intangible	and site if applicable. (NOTE	registered of	fice or registers	red agent, or both, in the State of Florida.	
(See criter	requirement and elects to do so.	After May 1, 200 Make Check Payab	le to Depar		te Trust Fund Contribution. Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCOVITCH, STEVE 400 KINGS POINT RD MIAMI BEACH FL	DIRECTORS  Defete	TITLE NAME STREET ADI	DRESS 342	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Description  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Description  ADDITION  AD	(コロ/の) まりつコス
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADO CITY-ST-Z	スをC そので DRESS 342 P 86M	20 W. HALLANDALO BCH BLUD. BROKE PORK 71 33023	5
NAME STREET ADDRESS CITY-ST-ZIP	وي ودين ي مد حصيد هم د حمو	□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADI CHTY-ST-ZI	1	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI	I	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADI		☐ Change ☐ Addition	
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	this filing does not qualify for true and that m were it to execute this export	the exemptions signature s	on stated in Sec shall have the s by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes, and that my name appears in Block 11 or Block 12 if	