| DOCU<br>1. Entity Na   | MENT # P00000                          | NESS REPORT<br>0086490   | (UBR)   | FILED<br>May 12, 2001 8:00   | an       |
|--|--|--|---|--|----------|
| _  | estaurant Managen                      | nent Group Inc   |   | Secretary of State   | e        |
| Principal Pla  | ace of Business                        | Mailing Address  |   | 05-12-2001 90008 042 ***150.00   |          |
|  | iscayne Blvd.                          | 11111 Biscayne Blvd  |   |  |          |
|  | lorida 33181                           | Miami, Florida 33181   | <u> </u>                                      |  |          |
| -  | Place of Business W 3rd Ave            | 3. Mailing Address<br>2250 Southwe   | st 3rdp                                       | Tue .  |          |
| Suite, Apt. #  | , etc.                                 | Suite, Apt. #, etc.  | <u>, , , , , , , , , , , , , , , , , , , </u> | DO NOT WRITE IN THIS SPACE   |          |
| City & State   |  | City & State   |   | 4. FEI Number Applied For  | _        |
| Miami  | FL                                     | Miami.   | FC  | 36-4390116 Not Applicable  | $\dashv$ |
| Zip 3312   | Country                                | Zip Count  | lry 1   | 5. Certificate of Status Desired \$8.75 Additiona  | 1        |
|  | 9 USA Name and Address of Curre        | ent Registered Agent   | <i>5 H</i>                                    | Fee Required  Name and address of New Registered Agent   | ┦        |
| XXXXXX   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ه مخصصته ۱۰ و مید در این در مکاری  | Name,   | (P.O. Box Number is Not Acceptable)  |          |
| Bernard  |  | A CANADA A CANADA CANAD | 225   | 50 Southwest 3rd Ave   | >        |
| KKATATAKK  | CYSHELLYSWIKK 2500                     | 7 .  | . 4   | 4.100  | 1        |
| And the state of t |  |  | City  | , , FL Zip   | -        |
|  |  |  | m   | am 1 23170   | 2        |
| SIGNATUR   | named entity submits this s            | tatement for the purpose of cha  | anging its registere<br><b>Sarino II.</b> (   | and office or registered agent, or both, in the State of Florida.  | ]        |
|  | Signature, typed or printed n          | name of registered agent and title Papplic   |   | egistered Agent signature required when reinstating) APR 2001  | H        |
| Tax filing req<br>(See criteria  |  | After MAY 1, 200 Make Check Payable  |   | 10. Election Campaign Financing \$5.00 May Be  |          |
| 11.<br>TITLE   | OFFICERS AND D                         | DIRECTORS Delete   |   | ITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 1.1   | -        |
| NAME<br>STREET   | Nicholas A. Mazzio                     |  | TITLE<br>NAME<br>STREET                       | _ onunge _ value   | ļ        |
| ADDRESS<br>CITY-ST-ZIP   | 11111 Biscayne Blv                     |  | ADDRESS<br>CITY-ST-ZIP                        | 1  |          |
|  | Miami, Florida 3318                    |  |   |  | _        |
| TITLE<br>NAME  |  | ☐ Delete   | NAME  | ☐ Change ☐ Addition  |          |
| STREET<br>ADDRESS<br>CITY-ST-ZIP   |  |  | STREET<br>ADDRESS                             |  |          |
|  |  |  | CITY-ST-ZIP                                   | manager of the second s | ·]       |
| TITLE<br>NAME  |  | ☐ Delete   | TITLE<br>NAME                                 | ☐ Change ☐ Addition  |          |
| STREET<br>ADDRESS  |  |  | STREET<br>ADDRESS                             |  |          |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP                                   | · ·  |          |
| TITLE  |  | ☐ Delete   | TITLE   | ☐ Change ☐ Addition  | -        |
| NAME<br>STREET<br>ADDRESS  |  |  | NAME<br>STREET                                |  |          |
| ITY-ST-ZIP   |  |  | ADDRESS<br>CITY-ST-ZIP                        |  |          |
| TITLE  |  | ☐ Delete   | TITLE   | ☐ Change ☐ Addition  | 1        |
| IAME<br>STREET   |  |  | NAME<br>STREET                                | ge , asaton  |          |
| NDDRESS<br>CITY-ST-ZIP   |  |  | ADDRESS<br>CITY-ST-ZIP                        |  | 1        |
| 3. I hereby ce   | rtify that the information supplied    | d with this filing does not awaity for   | or the exemption sta                          | ted in Section 119.07(3)(i), Florida Statutes. I further certify that the  |          |
| fficer or directo  | r of the corporation or the receiv     | ver or trustee employeed to execut   | that my signature s                           | shall have the same legal effect as if made under oath; that I am an irred by Chapter 607, Florida Statutes; and that my name appears in   |          |
| llock 11 or Bloc   | k 12 if changed, or on all attaction   | ent with an address, with all other li   | ke empowered.                                 |  |          |
| SIGNATL  |  | Nicho  | olas A. Mazzio                                | o, Secretary 4/2/01/01/02/02/03/24/24  |          |
|  | SIGNATURE AND THE                      | OR PRINTED NAME OF SIGNING OFFICE  |   | Daytime Phone #  | ,        |