FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ND TYPED

Jan 19, 2001 8:00 am Secretary of State **DOCUMENT # 629817** 1. Entity Name GLOBAL FOOD CORP. 01-19-2001 90034 022 ***150.00 Principal Place of Business Mailing Address P O BOX 22948 P O BOX 22948 SOUTHSIDE STATION, NUMBER 251 SOUTHSIDE STATION. NUMBER 251 C0005829 FT LAUDERDALE F FL 33335 FT LAUDERDALE F FL 33335 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 59-1953631 Not Applicable Zip 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 __ . . - - - _-BAUER, JOHN P. Street Address (P.O. Box Number is Not Acceptable) **SOUTHSIDE STATION, NUMBER 251** P O BOX 22948 FT LAUDERDALE FL FL 33316 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Delete Change ☐ Addition TITLE NAME NAME BAUER, MIMI STREET ADDRESS STREET ADDRESS **SOUTHSIDE STATION #251** CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME BAUER, JOHN NAME STREET ADDRESS STREET ADDRESS **SOUTHSIDE STATION #251** CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 the aper accurate and that my signature shall have the same togal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee en you even to execute this report as required by Chapter 697, Florida Statutes; and Mat my name appears in Block 11 or Block 12 changed, or on an attachment with an address yourned. nd that my signature shall have the same regal effect as if made under oath; that I am an officer or director is report as required by Chapter 687, Florida Statutes; and Mat my name appears in Block 11 or Block 12 if