2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F17533 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name ZIMA'S INTERNATIONAL, INC. 04-13-2000 90013 041 ***150.00 Principal Place of Business Mailing Address 14971 S DIXIE HWY 14971 S DIXIE HWY MIAMI FL 33176 MIAMI FL 33176-7929 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1942768 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIMA. GEORGE Street Address (P.O. Box Number is Not Acceptable) 14971 SO DIXIE HWY MIAMI FL 33176 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, **PSD** Change | Addition ☐ Delete TITLE TITLE ZIMA, GEORGE NAME NAME 14971 SO DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33176** CITY-ST-7IP ■ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete 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 Change ☐ Delete Addition 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

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 chapter for on an attachment with an address with all other like empowered. changed, or on an attachment with an add with all other like empowered 03/31/2000 305-259-5744 K. GEOBLEZ I NA

SIGNATURE:

CR2E034 (9/9)