2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # F69648 1. Entity Name 04-17-2002 90071 033 ***150.00 BLACK BEAN DELI, INC. Principal Place of Business Mailing Address RANCH MALL RANCH MALL 325.S. ORLANDO AVE. #1 325 S. ORLANDO AVE. #1 WINTER PARK FL 32789 WINTER PARK FL 32789 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 59-2287652 Not Applicable Zip Country Zin 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 Name MIAVITZ, GEORGE W. Street Address (P.O. Box Number is Not Acceptable) 472 BRODVIEW AVENUE, APT.#7 WINTER PARK FL 32789 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Addition ☐ Change NAME NAME MIAVITZ, GEORGE W STREET ADDRESS 472 BROADVIEW AVE.#7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Defete TITLE ☐ Change ☐ Addition NAME LAGOS, ISIDRO B NAME STREET ADDRESS STREET ADDRESS 2400 DRIFTWOOD DR CITY-ST-ZIP CITY-ST-ZIP FERN PARK FL 32730 TITLE Delete Change TITLE Addition NAME MIAVITZ, MARIA G NAME STREET ADDRESS STREET ADDRESS 472 BROADVIEW AVE. #7 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition 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 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 of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNING DEELCER OR DIRECTOR

SIGNATURE

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