2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # F95000001231 UNITED RESTAURANT EQUIPMENT, INC. 05-04-2001 90137 033 ***150.00 Principal Place of Business Mailing Address 2980 JEFFERSON ST. 2980 JEFFERSON ST. HARRISBURG PA 17105 HARRISBURG PA 17105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-1511336 Not Applicable Zip Zip Country 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 **DENNIS, JAMES** Street Address (P.O. Box Number is Not Acceptable) 8220 FORT THOMAS WAY ORLANDO FL 32822 City Zip Code " TOME! 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) DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Delete TITLE Change WEISS, ANDREW NAME NAME STREET ADDRESS 2980 JEFFERSON ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARRISBURG PA ☐ Delete TITLE ☐ Change ☐ Addition TITLE WEISS, MICHAEL NAME NAME 2980 JEFFERSON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARRISBURG PA Change Addition TITLE Delete TITLE KOSER, LINDA Spotts, VICKIE, 2980 Jefferson St HARRISburg, PA 17112 NAME NAME STREET ADDRESS 2980 JEFFERSON ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARRISBURG PA ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDROW Weiss