2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 12, 2001 8:00 am Secretary of State **DOCUMENT # G28669** 1. Entity Name BOBBY'S LIQUORS INC. 01-12-2001 90004 035 ***150.00 Principal Place of Business Mailing Address 2040 OPA-LOCKA BLVD. 2040 OPA-LOCKA BLVD. OPA LOCKA FL 33054 4000470b OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2272797 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MALLEN, RANDOLPH Street Address (P.O. Box Number is Not Acceptable) 2310 NW 102 TERRACE PEMBROKE PINES FL 33026 Zip Code City FL 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 _____ ■.14 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) lif e ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition PDS Delete TITLE TITLE NAME MALLEN, RANDOLPH K NAME STREET ADDRESS STREET ADDRESS 2310 NW 102ND TERR Pembroke Pines, FL, 33026 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH, FL 00000 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition - Delete -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete 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 changed, or on an attachment with an address, with all other like empowered. (Near)

RANDOLPH MALLEN-Pres. 1-6-01 (305) 685-8066