2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # G44740** 1. Entity Name TOUFAYAN BAKERY OF FLORIDA, INC. 04-24-2001 90251 012 ***150.00 Principal Place of Business Mailing Address % HARRY TOUFAYAN % HARRY TOUFAYAN 3826 BRYN MAWR STREET 3826 BRYN MAWR STREET CCOFCUUU ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2295770 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -- -- 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name TOUFAYAN, HARRY Street Address (P.O. Box Number is Not Acceptable) 3826 BRYN MAWR STREET ORLANDO FL 32808 Zip Code 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 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. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE NAME NAME TOUFAYAN, HARRY STREET ADDRESS 3826 BRYN MAWR STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition TITI F S Delete TITLE NAME TOUFAYAN, GREGORY NAME STREET ADDRESS 3826 BRYN MAWR ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Delete TITLE Change ☐ Addition TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

Change

☐ Addition