## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2001 8:00 am Secretary of State **DOCUMENT # K61079** 1. Entity Name FRIENDLY JOHN, INC. 04-06-2001 90023 021 \*\*\*158.75 Principal Place of Business Mailing Address P O BOX 440665 2122 NW 7TH AVE. MIAMI FL 33127 MIAMI FL 33144-6998 100001 ЦS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0115818 I City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 7.0 DONET, DAVID A. Street Address (P.O. Box Number is Not Acceptable) ONE COLUMBUS CENTER SUITE 1450 ONE ALHAMBRA PLAZA 2/22 NW CORAL GABLES FL 33134 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE TRE. NAME VERDEJA, MARIO J JR NAME STREET ADDRESS 2122 NW 7TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL VERDEJA MARIO J. SR Delete Change ☐ Addition TITLE PROS TITLE NAME 🗻 NAME STREET ADDRESS STREET ADDRESS MiAmi Pla 33127 CITY-ST-ZIP CITY-ST-ZIP VERDEJA, MARIO J. SR Delete ☐ Addition ☐ Change TITLE SEC TITLE NAME NAME 2122 NW 74 AVE STREET ADDRESS STREET ADDRESS Minni Pla 33/27 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME 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 11 CITY-ST-ZIP TITLE F. 4 Change ☐ Addition Delete . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 line empowered.

SIGNATURE:

SKINA NATE AND TYPED OR PRINTED AND OF SIGNING OFFICER STORECTOR

3/27/0/ 305-444-768/