FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000015287 1. Entity Name MARY AND MO UNFRANCHISE, LC 05-22-2002 90218 044 ****50 00 Principal Place of Business Mailing Address 562 NORTHWEST 82ND PLACE, STE. #310 562 NORTHWEST 82ND PLACE, STE. #310 MIAMI FL 33126 966407 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address 562 NW 8had P1 562 NW San 7 P) Suite, Apt. #, etc. Suite, Apt. #, etc. 310 DO NOT WRITE IN THIS SPACE 310 City & State City & State 4. FEI Number Applied For Mani Not Applicable Country 3126 \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR **MIAMI FL 33145** 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 registe hen reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change NAME ☐ Addition DHANJI, MOHAMED NAME monamed Ohann STREET ADDRESS 562 NORTHWEST 82ND PLACE, STE. #310 STREET ADDRESS 450 Germa Are CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP enal bables PC 33146 TITLE MGR ☐ Delete MAC TITLE ☐ Change ☐ Addition NAME DHANJI, MARY mary Bhanyi NAME STREET ADDRESS 562 NORTHWEST 82ND PLACE, STE. #310 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MAI

(9/01)