2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67990

1. Entity Name

NOSH ON RYE, INC.

Principal Place of Business

% SHELDON BRUCE SPIVAK

14422 N. DALE MABRY HWY., CNL SQ. PLZ

Mailing Address

% SHELDON BRUCE SPIVAK 14422 N. DALE MABRY HWY., CNL SQ. PLZ FILED Mar 20, 2001 8:00 am Secretary of State

03-20-2001 90083 028 ***150.00

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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.		3. Mailing Address						
			DO NOT WRITE IN THIS SPACE					
City & State City & State		·,	4. FE	4. FEI Number 59-3003285]
Country	Zip Country			5. Certificate of Status Desired Sa.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Na	me and Address of New Ro	egistered A	gent]
_		Name		and the same of				
SPIVAK, SHELDON B. 14422 N. DALE MABRY HWY			Street Address (P.O. Box Number is Not Acceptable)					
AHE PLAZA		City			<u></u>	Zip Code	·—	-
					FL	Zip 000i		
					DATE		— —	į.
Tax filing requirement and elects to do so. After MAY 1, 200		01 Fee will be \$550.00		, ,	• –			
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	and Address of Current Re ON B. MABRY HWY ARE PLAZA y submits this statement for the or printed name of registered agent and able to satisfy its Intangible and elects to do so. OFFICERS AND DI HELDON B. WGRASS CIR LICE NGRASS CIR	City & State Country Zip and Address of Current Registered Agent ON B. MABRY HWY ARE PLAZA or printed name of registered agent and title if applicable. (NOT bile to satisfy its Intangible and elects to do so. OFFICERS AND DIRECTORS HELDON B. WGRASS CIR Delete Delete Delete Delete	City & State Country Zip Country And Address of Current Registered Agent Name Street Address ARE PLAZA City y submits this statement for the purpose of changing its registered office or regis or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S OFFICERS AND DIRECTORS Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	City & State Country Zip Country 5. Ce and Address of Current Registered Agent Name ON B. MABRY HWY ARE PLAZA City / submits this statement for the purpose of changing its registered office or registered agent or printed name of registered agent and bits if applicable. (NOTE Registered Agent signature required when reint ble to satisfy its Intangible and elects to do so. Make Check Payable to Department of State OFFICERS AND DIRECTORS PELICE Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Country Zip Country 5. Certificate of Status Desired and Address of Current Registered Agent 7. Name and Address of New Ri AMBRY HWY ARE PLAZA City y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo or prised name of registered agent and title if applicable. (NOTE Registered Agent signature required when reincitating) bite to satisfy its Intangible and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution Tr	Country Zip Country 5. Certificate of Status Desired A. FEI Number 59-3003285 Country 5. Certificate of Status Desired A. Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) A. Street Address (P.O. Box Number is Not Acceptable) FL y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL Oble to satisfy its Intangible after MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND INLE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND INLE MAME STREET ADDRESS CITY-ST- 2P Delete ITILE NAME STREET ADDRESS CITY-ST- 2P Delete ITILE NAME STREET ADDRESS CITY-ST- 2P Delete TITLE NAME STREET ADDRESS CITY-ST- 2P	Country Zip Country 5. Certificate of Status Desired \$8.75 Acceptable \$8.75 Acceptable \$1.00 B. MABRY HWY ARE PLAZA City FL Zip Code Ci	Country Zip Country 5, Certificate of Status Desired \$8.75 Additional Fee Required and Address of Current Registered Agent 7, Name and Address of New Registered Agent Pee Required Name Name Name Name Name Name Name Name

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: