2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 10, 2000 8:00 am **DOCUMENT # L70405** Secretary of State PALM PRODUCE VII, INC. 02-10-2000 90065 042 ***150.00 Mailing Address Principal Place of Business 3434 MAIN HWY. -3434 MAIN HWY COCONUT GROVE FL 33133-5916 328 GRANDON BLVD. #116 COCONUT GROVE FL 33133 US cipal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0214981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered LONG, BARRY 2421 LAKE PANCOAST DR SUITE 6-C MIAMI BEACH FL 33140 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE TITLE NAME LONG, BARRY NAME STREET ADDRESS STREET ADDRESS 2421 LAKE PANCOAST DR, #6-C MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME LICATA, STEPHEN NAME STREET ADDRESS STREET ADDRESS 3845 COCO GROVE AVE CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Addition Change . Delete .- . Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of justee 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 AND TYPED OF PRINTED NAME OF SIGNING OF FIRST OR DIRECTOR Date Daylime Phone #

SIGNATURE: