JUL-25-01 WED 02:30 PM

JUL-25-01 12:29 PM

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001005

1. Entity Name

Fortitude Brands, L.C.

Principal Place of Business / Mailing Address

1915 Brickell Avenue C-908
Miami, Florida 33129

FILED

01 AUG 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6925 Almansa St.	6925 Almansa St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33146 — Country: USA	Zip: 33146 — Country: USA

4. FEI Number: 65-0716989 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Corporate Access, Inc.
236 E. 6th Avenue
Tallahassee, Florida 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City — FL — 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: ______ Date

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000004565270--8
-08/31/01--01027--021
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	Managing Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Franco Stanzione	NAME	
STREET ADDRESS	6925 Almansa Street	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33146	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E063 (11/00)

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: FRANCO STANZIONE 07/25/01 305-661-8198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #