Daytime Phone #

Date

2000 UNIFORM BUSINESS REPORT (UBR) APPROVED L99000007608 DOCUMENT # FILED 1. Entity Name INCREDIBLE PERISHABLE CENTER, L.C. 00 APR 27 AM 10: 00 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 7800 NW 29 STREET 7800 NW 29 STREET MIAMI FL 33122-1134 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MUM City & State City & State 65-0959203 Not Applicable Country \$5.00 Additional Zip 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 Name BERNSTEIN, JEFFREY A ESQ Street Address (P.O. Box Number is Not Acceptable) **NEW WORLD TOWER SUITE 2608** 100 N BISCAYNE BLVD MIAMI FL 33132-2306 Zip Code City FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGR Addition TITLE Change TITEF Detete FLEISHMAN, ROBERT A NAME NAME 600003249786----05/12/00--01012--<u>02</u>6 1177 NW 81 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33150 CITY-8T-ZIP CITY-ST-ZIP *****5**5.** (18) ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- 71P CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME MÂME STREET ADDRESS STREET ADDRESS CITY- 81- ZIP CITY- 87- 71P Change Addition 🗌 Detote TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CCTY- ST- ZIP CITY-ST-ZIP ■ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-7IP CITY- ST- ZIP Change Delete Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CETY- ST- 21P CITY-8T-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 eath; that I am a managing member or manager of the limited ligibility company or the ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: