2001 UNIFORM BUSINESS REPORT (UBR)

M31913

DOCUMENT #

1. Entity Name

FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 91339 020 ***150.00

SOUTHERN RAY'S FOODS, INC. Principal Place of Business Mailing Address 100 S.E. 2nd Street 100 S.E. 2nd Street 28th Floor 28th Floor 00054182 Miami, FL 33131 Miami, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2732821 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Debra Weiss Goodstone Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street 28th Floor Miami, FL 33131 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9.) This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. D/P/S/T CR2E034 (11/00) Addition TITLE Delete TITLE Goodstone, Ray J. NAME NAME 100 S.E. 2nd Street, 28th Floor STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Miami FL 33131 D/P/S/T Addition ☐ Delete TITLE TITLE D NAME Hasday, Steven R. NAME Hasday, Steven R. STREET ADDRESS STREET ADDRESS 100 S.E. 2nd Street, 28th Floor 100 S.E. 2nd Street, 28th Floor CITY-ST-ZIF CHY-ST~ZIP <u>Miami FT 33131</u> Miami, FL 33131 ___ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP ☐ Change Addition ☐ Delete TIST F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 or trustee empowered to execute his 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNYO OF

Steven R. Hasday, President ER OR DIRECTOR