Apr 28, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) M75861 **DOCUMENT #** 1. Entity Name FOOD SPOT NO. 60 INCORPORATED Principal Place of Business Mailing Address 7901 S.W. 67TH AVE. 7901 S.W. 67TH AVE. SUITE 100 SUITE 100 SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0049064 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILNER, BRUCE Street Address (P.O. Box Number is Not Acceptable) 7901 LUDLAM RD **MIAMI FL 33143** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE 77 ALE SYITEATOUS WILNER, BRUCE S. NAME NAME 7901 S.W. 67 AVE., #100 STREET ADORESS STREET ADDRESS SOUTH MIAMI FL CITY~ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE HARRIS, LARRY J. NAME NAME STREET ADDRESS STREET ADDRESS |7901 S.W. 67 AVE., #100

CITY-ST-ZIP SOUTH MIAMI FL CITY-ST-ZIP TITLE ۷P Delete TITLE ☐ Change Addition NAME DEUTSCH, ELLIOT NAME STREET ADDRESS 7901 S.W. 67 AVE., #100 STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI FL 33143 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. 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 suppliemental 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 trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atta

SIGNATURE: