2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000002825 1. Entity Name COOL BREEZE FOODS, INC.							Secretary of State 04-30-2001 90414 037 ***150.00			
Principal Place of Business Malling Address										
6532 PEMBROKE ROAD MIRAMAR FL 33023			6532 PEMBROKE ROAD MIRAMAR FL 33023				_ 47526			
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 65 - 0973544 Not Applicable				e
Zip Country			Zip	Country			Certificate of Status Desired	\$8.75 Ac	ditional	7
6. Name and Address of Current Registered Agent						7. (Name and Address of New Registered	Agent		⊐ ∵
ATE	O ICHOON				Name-		* *			
Stephenson, Lennox 6532 Pembroke Road Miramar Fl 33023					Street Addi	ress (P.O. E	(P.O. Box Number is Not Acceptable)			
MIRAMAR PL 33023										
					City		FL Zip Code			
8. The above	e named entity	submits this statement for	the purpose of changing its i	e pistere	d office or red	gistered ag	ent, or both, in the State of Florida.			1
SIGNATURE	Signature, typed o	or printed name of registered agent a	nd ide if applicable. (NOTE:	R :gistered	Agent signature re	equired when re	sinstating) CATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550. Make Check Payable to Department of				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS ANI	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ON, LENNOX BROKE ROAD FL 33023	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	•		☐ Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secreta Guna 6532 P	ary Stephenson embous Rd. The TC 33023	☐ Delete	TITLE NAME STREET	ADDRESS		••	☐ Change	☐ Addition	SF2
TITLE NAME STREET ADDRESS	-	11, PC 3,500	☐ Delste	TITLE NAME	ADDRESS	 		Change	Addition	
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE Name			☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS City-St-Zip				STREET CITY-S	ADDRESS T-ZIP					{
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	ADORESS			☐ Change	☐ Addition	
CITY-ST-ZIP				CITY-S				•		}
TITLE LAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	AOORESS			Change	☐ Addition	

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's gnature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee 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: SCHOOL SCHOOL SCHOOL 3-28-01 954-987-8015

4/3

FILED May 31, 2001 8:00 am Secretary of State