DOCUMENT # P00000039504

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FILED
Mar 09, 2001 8:00 am
Secretary of State

01-17-2001 90081 018 ***150.00

1. Entity Name

MARENIC FOOD SERVICE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2900 UNIVERSITY DR. SUITE 40 CORAL SPRINGS FL 33065	2900 UNIVERSITY DR. SUITE 40 CORAL SPRINGS FL 33065

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1820080 ~~16-00-335743-80-0~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525~~	Name: John Marenic Street Address (P.O. Box Number is Not Acceptable): Suite 40 2900 University DR. City: Coral Springs FL Zip Code 33065

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 [signature] 1/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST MARENIC, JOHN 2900 UNIVERSITY DR, SUITE 40 CORAL SPRINGS FL 33065 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARENIC, JOHN 2900 UNIVERSITY DR, SUITE 40 CORAL SPRINGS FL 33065 ☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/00)

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 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 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: [signature] [signature] 2/14/01 1/8/01 954-227-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 3/1/01