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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 03, 2001 8:00 am DOCUMENT # P00000040017 **Secretary of State** ARUBA FOOD SERVICE INC. 02-03-2001 90301 003 ***150.00 Principal Place of Business Mailing Address 2502 STATE ROAD SEVEN 2502 STATE ROAD SEVEN CUUTPDAR HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 4840 Lake worth Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 105 114 6 City & State City & State Applied For Green Acres. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gustavu Bartra BARTRA, GUSTAVO Street Address (0.0. Box Number is Not Acceptable) 901 Ponce de Leon BIV d 2502 STATE ROAD SEVEN HOLLYWOOD FL 33021 City Conal Gables Zip Code ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete NAME NAME BARTRA, GUSTAVO 6540 W Atlantic Blud STREET ADDRESS STREET ADDRESS 2502 STATE ROAD SEVEN Horak Fl 33063 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Delete 6540 a Atlantic Blud NAME NAME BARTRA, GUSTAVO JR STREET ADDRESS STREET ADDRESS 2502 STATE ROAD SEVEN Margate ... CITY-ST-ZIP CITY-ST-ZIP 33063 HOLLYWOOD FL 33021 ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fring 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 trusted in powered 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR