DOCUMENT. # P0000040499  1. Entity Name TASTE OF MIAMI, INC.					+ 05-23-2001 90210 001 *1,711.25 FILED P00000040499 SECRETARY OF STATE OLVISION OF CORPORATIONS			
INGIE	OF MUMMIN INC.				OIJUNI2 F			
Principal Place of Business 2699 S BAYSHORE DR. SUITE 600C MIAMI FL 33133		Mailing Address 2699 \$ BAYSHORE DR. SLITTE 600C MIAMI FL 33133						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE			
				4.	FEI Number		Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$1	8.75 Add	ditional
6. Name and Address of Current Registered Agent					Name and Address of New R		•	
IOL	INSON, ALBERT B II		-Nai	ne				
	9 S BAYSHORE DR, SUITE 600C	Street Address		et Address (P.O.	Box Number is Not Acceptable	)		
MIA	MI FL 33133							
			· City		<del></del>	FL	Zip Code	<del></del>
2 The above	a named entity submits this statement f	or the oursess of changing in	o registered offic	o or registered as	cent or both in the State of Flor			
8. The above	e named entity submits this statement f	or the purpose of changing in	s registered office	ce or registered aq	gent, or both, in the State of Flor			
						ida.		
SIGNATURE	Signature, typed or printed name of registered agent	and utle if applicable. (NC	TE: Registered Agent	-gnature required when	roinstating)	ida.		
SIGNATURE  9. This corp Tax filing	Signature, typed or printed name of registered agent condition is eligible to satisfy its Intangible requirement and elects to do so.	e FILE NOW After MAY 1, 2	TE: Registered Agents  /!!! FEE IS \$1  001 Fee will b	50.00 \$550.00		DATE		O May Be to Fees
9. This corp Tax filing (See crite	Signature, typed or printed name of registered agen- oration is eligible to satisfy its Intangible	and late of applicable. (NO FILE NOW After MAY 1, 2 Make Check Paya	TE: Registered Agents  /!!! FEE IS \$1  001 Fee will b	50.00 e \$550.00 nent of State	reinstating)  10. Election Campaign Fina	DATE	Ådded	to Fees
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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.

STREET ADDRESS

NAME

SIGNATURE: WINTE

NAME

STREET ADDRESS

CITY-ST-ZIP

305 858-8545