FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P0000047638 1. Entity Name RYAN'S ANGELS RESTAURANT, INC. 03-29-2001 90363 019 ***150.00 Principal Place of Business Mailing Address 7421 NW 42ND CT. 7421 NW 42ND CT. LAUDERHILL FL 33319 LAUDERHILL FL 33319 734332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1004731 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name GANPATH, CRYSTAL Street Address (P.O. Box Number is Not Acceptable) 7421 NW 42ND CT. LAUDERHILL FL 33319 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. ☐ Change ☐ Addition TITLE ☐ Delete GANPATH, RYAN NAME STREET ADDRESS 7421 NW 42ND CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete TITLE ☐ Change Addition TITLE GANPATH, CRYSTAL NAME NAME STREET ADDRESS 7421 NW 42ND CT. STREET ADDRESS CITY-ST-7IP LAUDERHILL FL 33319 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITI F GANPATH, EMERALD NAME* NAME STREET ADDRESS 7421 NW 42ND CT. STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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	SIGNATURE AND TYPED OF	PRINTER	NAME OF SIGNI

CRUSTIM GAN PATH, W. Sholor 954-746-0857