FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 09, 2001 8:00 am Secretary of State DOCEMENT # P0000061231 1. Entity Name COLLELO'S OF BOYNTON, INC. 02-09-2001 90241 003 ***150.00 Principal Place of Business Mailing Address 18288 FRESH LAKE WAY 18288 FRESH LAKE WAY BOCA RATON FL 33498 **BOCA RATON FL 33498** 114040 Principal Place of Business 3. Mailing Address 895 Windward Passage DR 4895 windward Passage DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Applied For 4. FEI Number Not Applicable Boynton 65-1018528 \$8.75 Additional 5. Certificate of Status Desired 436 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLODIG, GREGORY J ESQ. Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER, HISCHFELD, RAFKIN, PA 100 WEST CYPRESS CREEK RD. SUITE 700 FT. LAUDERDALE FL 33309 Zip Code City 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Defete TITI F COLLELO, THOMAS NAME NAME STREET ADDRESS 18288 FRESH LAKE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Change ☐ Addition ☐ Delete TITLE TITLE COLLELO, JOSEPH NAME NAME STREET ADDRESS 18288 FRESH LAKE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Change Addition aTITLE - 🗻 TITLE = ---- 🖃 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 supply mental 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 of trustee empowered to execute the properties by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or suppl of the corporation or the receive changed, or on an attachment

CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMAS COILEID PRESIDENT 581-737-1616