2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000089052 1. Entity Name THINK KITCHEN FLORIDA, INC. 05-02-2001 90098 004 ***150.00 Principal Place of Business Mailing Address C/O CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 1200 S PINE ISLAND RD PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 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. (NOTE: Registered Agent signature required when reinstating) DATE 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. D ☐ Addition ☐ Delete NAME CULLY, DAVID NAME STREET ADDRESS STREET ADDRESS C/O 1 CAPE MAY ST CITY-ST-ZIP CITY-ST-ZIP HARRISON NJ 07029 Delete ☐ Addition TITLE Change TITLE NAME SULLIVAN, JOHN NAME STREET ADDRESS STREET ADDRESS C/O 1 CAPE MAY ST CITY-ST-ZIP CITY-ST-ZIP HARRISON NJ 07029 TITLE ☐ Delete TITLE Change □ Addition NAME ANDERTON, DANIEL NAME STREET ADDRESS STREET ADDRESS C/O 1 CAPE MAY ST CITY-ST-ZIP CITY-ST-ZIP HARRISON NJ 07029 TITI F ☐ Delete TITI F ☐ Change **X**Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: 4

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

07029

☐ Change

Change

☐ Addition

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