## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State DOCUMENT # P00000108339 1. Entity Name 05-15-2001 90151 035 \*\*\*150.00 PHILIP'S FOOD & BEVERAGE INC. Principal Place of Business Mailing Address 6324 COOPERS GREEN CT 6324 COOPERS GREEN CT 765315 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 11903 E COLOPIAL DA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State EL 59-3692143 ORLANDO Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ...Fee Required 32826 -- U 5 A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILIP. MATHEN Street Address (P.O. Box Number is Not Acceptable) 6324 COOPERS GREEN CT ORLANDO FL 32819 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (10/00) ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME PHILIP MATHER 6324 COOPERS GLEEN CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLA NOO FL 32819 Addition TITLE ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Change . □ Delete . . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 fifting 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 of true 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 a particles, with all other like empowered.

SIGNATURE:

SIGNATURE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #