2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 AM
Secretary of State

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Entity Name: D & M FOOD OF JAX, INC.

Current Principal Place of Business:

5111-19 BAYMEADOWS RD.
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

5111-19 BAYMEADOWS RD.
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3731806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIHAESI, MIRCEA
5111-19 BAYMEADOWS RD.
JACKSONVILLE, FL 32217

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MIHAESI, MIRCEA
Address: 5111-19 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD ( ) Delete
Name: MIHAESI, DANUT
Address: 5111-19 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD (X) Delete
Name: MIHAESI, PEARLENA
Address: 5111-19 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD (X) Delete
Name: MIHAESI, NICOLENA
Address: 5111-19 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: GALILEI, PERLINA
Address: 5111-19 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIHAESI MIRCEA PD 01/30/2002

Electronic Signature of Signing Officer or Director — Date