2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 28, 2002 8:00 am Secretary of State P01000097058 DOCUMENT # 05-28-2002 91652 038 ***158.75 RHYTHM & ROOTS TEA BAR, INC. Principal Place of Business Mailing Address 2621 NORTH FEDERAL HIGHWAY 2621 NORTH FEDERAL HIGHWAY SUITE E SHITE E **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1142004 Not Applicable Zìp Country Żip 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 ... SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 (NOTE: Registered Agent signature required when reinstating) ature, 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D VTB P/S/D Change ☐ Addition □ Delete TITLE TITLE LOVE. GEORGE TOMASINI, JEREMIAH 2021 North Federal Huy NAME NAME 2621 NORTH FEDERAL HIGHWAY SUITE E STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP BOCK RATON IFL CITY-ST-ZIP PRESIDENT ☐ Delete TITLE ☐ Addition TITLE LOVE, GEORGE TOMASINI, JEREMIAH NAME NAME 'N. FEDERAL HWY. 2621 NORTH FEDERAL HIGHWAY SUITE E STREET ADDRESS STREET ADDRESS BOCK RATON, FL 33431 **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP __ Addition= Delete Change 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-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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.

FILED