FILED Jun 19, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P01000107275 05-05-2002 90030 006 ***150.00 1. Entity Name 06-19-2002 90941 010 ***150.00 HORS D' OEUVRES PLUS, INC. Principal Place of Business Mailing Address 202 10TH AEMUE WEST 202 10TH AENUE WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -Suite, Apt. #, etc City & State 4. FEI Number 150621 Applied For City & State Not Applicable Zip Country Ζip 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 Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number Is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00. 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE ☐ Delete TITLE ☐ Addition NAME NAME MERIDETH, GASTON D STREET ADDRESS **CR2E034** STREET ADORESS 202 10TH AVENUE WEST CITY-ST_ZIP, CITY-ST-ZIP **BRADENTON FL 34205** TITLE TITLE ☐ Change ☐ Addition ☐ Delete D NAME ... NAME MERIDETH, GASTON D STREET ADDRESS STREET ADDRESS 202 10TH AVENUE WEST CITY-ST ZIP CITY-ST-7IP **BRADENTON FL 34205** ☐ Change TITLE ☐ Delete DDE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TULE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST:ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 明治 的诗号 Delete TITLE ☐ Change ☐ Addition * h NAME NAME STREET ADDRESS STREET ADDRESS

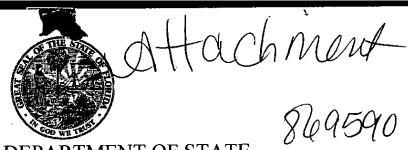
CITY-ST-ZIP

13. Thereby 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 is didicated 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. SIGNATURE:

CITY-ST-7P

ICATIO

Daytime Phone



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 8, 2002

HORS D" OEUVRES PLUS, INC. 202 10TH AENUE WEST BRADENTON, FL 34205

Subject: HORS D" OEUVRES PLUS, INC.

Reference Number:

P01000107275

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE-OF-THIS-LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/BL ANNUAL REPORTS SECTION