Apr 30 02 09:48a STEVEN C. KLEIN,CPA, PA

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90064 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112549

1. Entity Name
MARC JEFFRIES FOODS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6300 Lantana Rd	6300 Lantana Rd
Suite, Apt. #, etc. # 25	Suite, Apt. #, etc. #25
City & State LAKE WORTH FL	City & State Lake Worth FL
Zip 33463 Country USA	Zip 33463 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1156132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Michael Steenshein
Street Address (P.O. Box Number is Not Acceptable): 6300 LANTANA Rd #25
City: Lake Worth FL FL Zip Code 33463

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so [illegible] (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRES	TITLE	
NAME	Michael Steenshein	NAME	
STREET ADDRESS	6300 LANTANA RD #25	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

12. 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 [illegible] 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 [illegible] attachment with all address, with all other [illegible] Florida Statutes; and that my name appears in Block 11 or on an [illegible]

SIGNATURE: X [signature] DATE 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR