AMENDED NEW

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV -6 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P02000021553

1. Entity Name
EXOTIC BITES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1840 South Young Cir.	1940 Madison Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt. #2
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33020 Country	Zip: 33020 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650742068 ☐ 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: ISSAM S. QADRI

Street Address (P.O. Box Number is Not Acceptable): 1940 Madison Street Apt. #2

City: Hollywood FL Zip Code: 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 11/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) Date

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISSAM S. QADRI President--Director 1940 Madison Street, Apt. #2 Hollywood, FL 33020
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CR2E034B (12/02)

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 954 547-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/14/03