

AMENDED NEW
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # 02000021553	
1. Entity Name EXOTIC BITES, INC.	

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

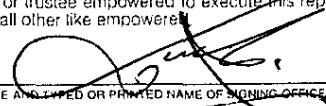
4. FEI Number 650742068	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ISSAM S. QADRI	
	Street Address (Do Not Acceptable) 1940 Madison Street	
	Apt. # Apt. #2	
	City Hollywood FL	Zip 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.	11/03/03
SIGNATURE 	(NOTE: Registered Agent signature required when reappointing)

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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100023965041 10/21/03--01036--019 **\$1.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 empowerments.	954 547-3737 10/14/03
SIGNATURE: 	Date: _____ Daytime Phone: _____

CR2034B (1/02)