2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/9/2003-90119-026-$150.00-$150.00 *
9/11/2003-90091-025-$550.00-$550.00

03 OCT 14 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045034

1. Entity Name
NOAH & PHIL'S INCORPORATED

Principal Place of Business	Mailing Address
1271 NW 119 STREET NORTH MIAMI FL 33167	1271 NW 119 STREET NORTH MIAMI FL 33167

[redacted]

REINSTATEMENT
☐ CHECK HERE IF MAKING CHANGES 03

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip ___ Country ___	Zip ___ Country ___

4. FEI Number 42-1534432 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PASTEURIN, JAMES N 401 NW 152 STREET BISCAYNE GARDENS FL 33169	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 10-02-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible] 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASTEURIN, JAMES N 401 NW 152 ST BISCAYNE GARDEN FL 33169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASTEURIN, PHILIPPE 15940 NE 19 COURT APT 3 NORTH MIAMI BEACH FL 33162 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PASTEURIN PHILIPPE 15225 NE 6th AVE APT B-307 NORTH MIAMI BCH,FL33162 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JT 10/15