FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 31, 2003 8:00 am **Secretary of State** P02000094891 DOCUMENT # 01-31-2003 90103 016 ***150.00 1. Entity Name YUMMY ENTEPRISES, INC. Principal Place of Business Mailing Address 1200 LEE ROAD 7802 KINGSPOINTE PARKWAY ORLANDO FL 32810 SUITE 205 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address ROAD 1200 LEE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For ORLANDO 15 し 02-0640564 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32810 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYNN RICO J.A.O. SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 7802 KINGSPOINTE PARKWAY **SUITE 205** ORLANDO FL 32819 City ORLANDO 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Change ☐ Addition RICO, ANGEL R NAME NAME 7654 BALMY COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE VP. Delete TITLE ☐ Change Addition Addition MARTIN K. NURUDDIN SILVA, ARTURO B NAME NAME SAPIER CT. STREET ADDRESS STREET ADDRESS 5506 ARNOLD PALMER DR. APT#1411 2442 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 FL 32837 ORLANDO TITLE Delete TITLE __ _ [] Change _ 🗶 Addition Mc WHERTER JOHN NAME ORDINOLA, JORGE A NAME KILLARNY 1950 STREET ADDRESS 10025 NEWINGTON DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with

SIGNATURE: