FILED May 04, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000026575**

BOB'S T-BIRDS INTERNATIONAL, INC.							05-04-2001 90033 017 ***150.00					
Principal Place of Business 397 NE 14TH AVE T LAUDERDALE FL 33334			Mailing Address 5397 NE 14TH AVE FT LAUDERDALE FL 33334									
2. Principal I	Place of Busin	ness	3. Mailing Address			:- -						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				, 194 (184) (18		RITE IN THIS			
City & State			City & State			4.	FEI Number	65-04804	96) 	oplied For	
Zip Country			Zip Country			5.	Certificate of	Status Desired		\$8.75 Ad		
, 	6. Name	and Address of Current F	Registered Agent		<u> -</u>	± ~ - · 7 ;	Name and A	ddress of New	Registered	Fee Require		
					Name							
5397	IN, ROBERT 7 N.E. 14TH	AVENUE		-		Address (P.O. Box Number is Not Acceptable)						
rı, l	LAUDERDAL	.E FL 33334			City			<u></u>	FL	Zip Cod	le	
		y submits this statement for					••.			<u> </u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of States			0.00	10. Electi	on Campaign f Fund Contribut	~ _		0 May Be	
11.		OFFICERS AND D		12.			DDITIONS/CH	HANGES TO OI	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DUNN, RC 5397 NE 1	DBERT L 14TH AVE	☐ Delete	TITLE NAMI STRE						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DUNN, IRE 5397 NE		□ Delete	TITLE NAMI STRE	<u> </u>					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	-		~ □·Delete			+				. '⊡ (Change –	- ≥ Addition - =	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			i				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deleta			·		·		☐ Change	Addition	

13. 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 the 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. Dunn, Pres.

4/20/2001

954-491-6652

TURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #