FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am Secretary of State P94000034629 **DOCUMENT #** 1. Entity Name PINATI RESTAURANT, INC. 05-16-2002 90078 035 ***150.00 Principal Place of Business Mailing Address 2520 NE 186TH ST 2520 NE 186TH ST NORTH MIAMI BEACH FL 33180 NORTH MIAM! BEACH FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0490490 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YEFET, EITAN Street Address (P.O. Box Number is Not Acceptable) 2520 NE 186TH ST -yu. NORTH MIAMI BEACH FL 33180 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE (9/01) ☐ Addition YEFET, EITAN NAME 2520 NE 186TH ST STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition yefet, gila NAME NAME 2520 NE 186 ST STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREÈT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS

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 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 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE: