SENT BY: 4-30- 2 ; 1:23PM ; DIAMANT KA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91598 012 ***150.00

DOCUMENT # P94000036402

1. Entity Name
NEW ENGLAND FLOUR CORP

673039

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7800 CONGRESS AVE	7800 CONGRESS AVE
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33487 Country	Zip 33487 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0498044 ☐ 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: ALCALAY, BEN ZION

Street Address (P.O. Box Number is Not Acceptable): 18161 DAYBREAK DRIVE

City: BOCA RATON FL Zip Code: 33496

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: B.Z. ALCALAY
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. The corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee $150.00
After May 1 Fee $300.00
Amended UBR or $61.25
Make Check Payable to Secretary of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	ALCALAY, BEN ZION 7800 CONGRESS AVE SUITE 206 BOCA RATON, FL 33487
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	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: B.Z. ALCALAY 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1