2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am § Secretary of State P94000067751 DOCUMENT # 1. Entity Name 04-17-2002 90096 037 ***150 FLORIDA DELI PICKLE COMPANY, INC. Principal Place of Business Mailing Address 200 N W 20TH AVENUE 200 N W 20TH AVENUE FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0524695 Not Applicable Zip Zip 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 Name BABBITT, SCOTT B ESQ. Street Address (P.O. Box Number is Not Acceptable) 800 WEST CYPRESS CREEK RD. SUITE 502 FT. LAUDERDALE FL 33309 City Zio 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD ☐ Delete TITLE Change ☐ Addition TITLE NAME BELL. GEORGE NAME STREET ADDRESS STREET ADDRESS 200 N W 20TH AVENUE CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE VD TITLE NAME NAME HARTMAN, ERWIN STREET ADDRESS STREET ADDRESS 200 N W 20TH AVENUE CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-7IP TITLE----Change - - Addition ☐ Delete TITLE NAME NAME HIRSCHKORN, MICHAEL STREET ADDRESS 200 N W 20TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 applicantal 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 of 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 an other like empowered.

FILED