2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P95000030473 MONTREAL SMOKED MEATS & SPICES, INC. 04-14-2000 90071 025 ***150.00 Principal Place of Business Mailing Address 3611 OAKS CLUBHOUSE DRIVE, STE 206, BLD 73 3611 OAKS CLUBHOUSE DRIVE. STE 206. BLD 73 POMPANO BEACH-FL 33069 POMPANO BEACH FL 33069-3689 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FFI Number 65-0573729 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRED MACHLUS Street Address (P.O. Box Number is Not Acceptable) 1538 NW 121 DR. CORAL GABLES FL 33071 Zip Code City 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) DATE 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, 2000 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. 12. PAES Change Delete Addition TITLE TITLE SENDER, ALLEN NAME NAME SIEGEL, CAROL S 3611 DAKS CLUBHOUSE DAINE, STE 206, B STREET ADDRESS STREET ADDRESS 3611 OAKS CLUBHOUSE DRIVE, STE 206, BLD 73 CITY-ST-ZIP CITY-ST-7/P POMPANO BEACH FL 33069 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-00

ete Daytime Phone #