2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P95000082018 BUENA VISTA DONUTS, INC. 04-24-2001 90346 006 ***150.00 Principal Place of Business Mailing Address 12236 S APOPKA VINELAND 200 E. ROBINSON ST. SUITE 100 STE 500 00040195 ORLANDO FL 32836 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3346037 Not Applicable Zip 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 Name FLORIDA CORPORATE SUPPORT, INC. Street Address (P.O. Box Number is Not Acceptable) 200 E. ROBINSON ST. STE 500 ORLANDO FL 32801 City Zip Code FL 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME RODRIGUES, JOAO C STREET ADDRESS STREET ADDRESS 14752 LONE EAGLE DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change Addition Delete TITLE TITLE NAME NAME RODRIGUES, DELORES C STREET ADDRESS STREET ADDRESS 14752 LONE EAGLE DRIVE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32837 ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE: YOAR C JOAO C- RODRIBUSS 2-28-60/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGE OFFICER OR DIRECTOR

Date

Description Phone #