FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 am DOCUMENT # P9600007384 Secretary of State 02-08-2000 90014 001 ***900 00 CAFE IGUANA OF FT. LAUDERDALE, INC. Principal Place of Business Mailing Address 17 S ATLANTIC BLVD 3801 HOLLYWOOD BLVD. STE 101 O A O I HOLLYWOOD FL 33023-6736 R 302 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0649554 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTHSTEIN, SCOTT W Street Address (P.O. Box Number is Not Acceptable) 1 FINANCIAL PLAZA STE 2612 FORT LAUDERDALE FL 33824 3 3394 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DD Addition TITLE ☐ Delete TITLE GEVARD Delaney, NAME DELANEY, GERARD NAME 101 S. STAK RA 7 SOI# 205 STREET ADDRESS STREET ADDRESS 3801 HOLLYWOOD BLVD., STE. 101 CITY-ST-ZIP CITY-ST-ZIP Hollywood HOLLYWOOD FL 33021 ☐ Addition TITLE ☐ Delete TITLE VSTD USTO NAME NAME CAPUTI, STEVE STREET ADDRESS STREET ADDRESS 3801 HOLLYWOOD BLVD, STE. 101 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if aderess, with all other like empowered. changed, or on an attachment with

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER

□ Change

☐ Addition