FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # **P96000020866** SYDNEY'S SPROUTIN' COMPANY 04-13-2001 90039 031 ***150.00 Principal Place of Business Mailing Address 325 MERIDIAN AVE.. #6 325 MERIDIAN AVE.. #6 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0648937 Applied For Not Applicable 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 GRANITUR, ERIC - Street-Address (P.O.:Box-Number is Not Acceptable) -- __ 325 MERIDIAN AVE., #6 MIAMI BEACH FL 33139 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PDST CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE **GRANITUR, ERIC** NAME NAME 325 MERIDIAN AVE, #6 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE GRANITUR, AMY NAME NAME 325 MERIDIAN AVE, #6 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY_ST_7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET-ADOMESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete 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 ☐ Delete TITLE ☐ Change ☐ Addition 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-782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC GRANTER

4/7/01

305-673-4332

Daytime Phone