FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State P96000049279 DOCUMENT # 1. Entity Name 04-22-2002 90185 010 ***150 FIGARO'S, INC. Mailing Address Principal Place of Business 20007 69TH AVE EAST 20007 69TH AVE EAST **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address BLVD 4601 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0681773 Not Applicable AKASOTA Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required u 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAGEN, MAX M Street Address (P.O. Box Number is Not Acceptable) 3531 GRIFFIN RD FORT LAUDERDALE FL 33312 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. TITLE X Delete TITLE PETER FICARROTTA, PETER NAME NAME DEL SOL BLUD. STREET ADDRESS 20007 69TH AVE EAST STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP SARASOTA, EL. 34243 CITY-ST-ZIP TITLE SVTD Delete FICARROTTA, DOROTHY NAME FICARROTTA, DOROTHY NAME STREET ADDRESS 20007 69TH AVE EAST STREET ADDRESS CITY-ST-ZIP SARASOTA, EL. 34243 CITY-ST-ZIP **BRADENTON FL 34202** Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete

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 an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR