FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 am Secretary of State DOCUMENT # P9600056018 02-08-2000 90014 001 ***900.00 IGUANA CANTINA, INC. Mailing Address Principal Place of Business 3390 MARY ST 3801 HOLLYWOOD BLVD. #101 STE 304 5232 HOLLYWOOD FL 33023-6736 COCONUT GROVE FL 33133 us 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE *205 City & State City & State 4. FEI Number Applied For 65-0696681 Not Applicable \$8.75 Additional Zíp Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROTHSTEIN, SCOTT W Street Address (P.O. Box Number is Not Acceptable) 1 FINANCIAL PLAZA STE 2612 FT. LAUDERDALE FL 33824 33394 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. $\overline{\mathbf{DP}}$ Delete TITLE TITLE Delaney Gevard NAME NAME DELANEY, GERARD SUIK 205 101 S. STATE Rd 7 STREET ADDRESS STREET ADDRESS 3801 HOLLYWOOD BLVD. SUTIE 101 CITY-ST-ZIP Hollywood FL CITY-ST-ZIP HOLLYWOOD FL 33021 Change Addition TITLE VSTD ☐ Defete TITLE UST D NAME CAPUTI, STEVE Stephen J CAWTI STREET ADDRESS STREET ADDRESS 3801 HOLLYWOOD BLVD., STE. 101 CITY-ST-ZIF CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of the state 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GRECTOR

1-20-00

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