2000 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P96000088066** SARKIS BROTHERS, INC. 01-27-2000 90019 025 ***150.00 Mailing Address Principal Place of Business 4636 WEST SPACECOAST PKWY. ICCC WEST SPACECOAST PKWY. C0012276 SEVILLA MART -- with MART FL 32741 KISSIMMEE FL 32741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3412179 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SARKIS, ADNAN Street Address (P.O. Box Number is Not Acceptable) C/O SEVILLA MART 4636 WEST SPACECOAST PKWY. KISSIMMEE FL 32741 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 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 12. 11. CR2E034 (9/99) ☐ Change Addition ☐ Delete TITLE TITLE SARKIS, ADNAN NAME STREET ADDRESS STREET ADDRESS 222 OLD MILL CIRCLE CITY-ST-7LP CITY-ST-ZIP KISSIMMEE FL VP TITLE Change Addition Delete TITLE SARKIS, NAZEM NAME NAME STREET ADDRESS STREET ADDRESS 222 OLD MILL CIRCLE CITY-ST-ZIP CITY-ST-ZIP Kissimmee fl Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

FORdmen FEd

1-10-120

407-307-01

FILED