2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 23, 2001 8:00 am DOCUMENT # P96000096135 **Secretary of State** 1. Entity Name OLD FASHIONED SYRUP COMPANY, INC. 01-23-2001 90029 019 ***150.00 Principal Place of Business Mailing Address 3350 NW 2ND AVE 3350 NW 2ND AVE STE A 28 901382 STF A 28 BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 35 6 <u>N W</u> 35le Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Bity & State Rotor City & State 4. FEI Number Applied For 65-0717303 Not Applicable \$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 STREISFELD, MARK Street Address (P.O. Box Number is Not Acceptable) 3350 NW 2ND AVENUE **STE A 28 BOCA RATON FL 33431** 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE STREISFELD, MARK NAME NAME STREET ADDRESS 3350 NW 2ND AVE STE A 28 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP TITLE ☐ Delete TITLE POSNER, ALAN NAME NAME STREET ADDRESS 3350 NW 2ND AVE STE A28 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE Delete* Addition 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 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 empoyered 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 the empoyered.

Date

Daytime Phone #