2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

DOCUMENT # P97000010567 May 03, 2000 8:00 am Secretary of State CREATIVE BISTRO, INC. 05-03-2000 90110 038 ***158.75 Principal Place of Business Mailing Address 20TH STREET., #394 6200 20TH STREET., #394 VERO BEACH FL 32966-1081 veno BEACH FL 32966 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0730517 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEISS, MITCHELL Street Address (P.O. Box Number is Not Acceptable) 660 32ND CT S.W. VERO BEACH FL 32968 Zip Code 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. DATE (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. 12. Addition ☐ Delete TITI F TITLE WEISS, MITCHELL NAME 660 32ND CT S.W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32968 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this indicated on this report or supplemental report is the corporation of the corporation of the repelier of t fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director by secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR