2000 ÜNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700068628 Aug 16, 2000 8:00 am Secretary of State 1. Entity Name TARTINE & CHOCOLAT OF FLORIDA, INC. 08-16-2000 90006 028 ***550.00 Principal Place of Business Mailing Address 9700 COLLINS AVE. 3250 PROSPECT ST NW WASHINGTON DC 20007 SUITE 204 BAL HARBOUR FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0793216 Not Applicable Zip Country \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LERET, PATRICK NAME 3250 PROSPECT ST NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WASHINGTON DC 20007 ☐ Delete TITLE [] Change ☐ Addition TITLE ROCHE, ALVARD NAME NAME STREET ADDRESS 3250 PROSPECT NW STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE WASHINGTON DC 20007 TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOCHE V

07/24/00 (202)333608

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE A SELNumber OF ATOMAS Applied For	
City & State		City & State		4. FEI Number 65-0793216	Not Applicable
_Zip	Country	ZipC	Country -	5. Certificate of Status Desired	8.75 Additional
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Ag	ent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				ss (P.O. Box Number is Not Acceptable)	
			City	FL	Zip Code
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1ITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete -	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition
13. I hereby o	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	has filing does no qualify for the strue and accurate and that my sowered to exclute this report as with all other like empowered.	e exemption stated i signature shall have required by Chapter	n Section 119.07(3)(i), Florida Statules. I further cert the same legal effect as it made under oath; that I a 607, Florida Statutes; and that my name appears in	ify that the information m an officer or director Block 11 or Block 12 if

07/24/00 (202)3336091