2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2001 08:00 AM DOCUMENT # **P97000072776** 1. Entity Name **Secretary of State** IGUANA CANTINA OF BRICKELL, INC. Principal Place of Business Mailing Address 300 SW 1ST AVE 4411 CLEVELAND AVE STE 201 FT LAUDERDALE FL ET MYERS FL 33301 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0729753 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARGANO & MARCHEWKA, LLP SIMEONE RICHARD 2075 WEST FIRST ST Street Address (P.O. Box Number is Not Acceptable) 4411 CLEVELAND AVENUE **STE 203** FT MYERS FL33901 City Zip Code FT MYERS 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. 04/19/2001 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 \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SEC TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME LINCH PAUL w NAME LYNCH PAUL 4411 CLEVELAND AVE STREET ADDRESS STREET ADDRESS 4411 CLEVELAND AVE FT MYERS CITY-ST-ZIP FL 33901 FT MYERS CITY-ST-ZIP 33901 ☐ Delete P TITLE ☐ Change NAME BRAWNER TERRY K NAME STREET ADDRESS 4411 CLEVELAND AVE STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition LAGESCHULTE NAME STREET ADDRESS 4411 CLEVELAND AVE STREET ADDRESS CITY-ST-ZIP FT MYERS 33901 CITY-ST-ZIP TITLE ☐ Delete Сhапде TITLE ☐ Addition 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 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

04/19/2001

Daytime Phone #

Date

SIGNATURE: Paul-W. Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR