2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P97000088294 Jul 24, 2000 8:00 am 1. Entity Name Secretary of State FRANCIS HEALTH FOOD STORE, INC. 06-12-2000 90002 004 ***150.00 Principal Place of Business Mailing Address 6978 COLLINS AVE. 6978 COLLINS AVE. MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 3. Mailing Address 2. Principal Place of Business SAME SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0787347 Not Applicable Zip Country 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 PINNAVARIA, ESTELA Street Address (P.O. Box Number is Not Acceptable) 9161 EAST BAU HARBOR DRIVE **BAY HARBOR ISLE FL 33154** 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 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. **PSD** TITLE ☐ Delete TITLE ☐ Addition PINNAVARIA. ESTELA NAME NAME STREET ADDRESS 9161 EAST BAY DRIVE #7A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR ISLE FL 33154** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS GTY-ST-ZIP CITY-ST-ZIP_ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of 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 trusted 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 10 other like empowered.

7-14-00

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| Principal Pla | ice of Business | Mailing Address | | 1 | | | | | |
| 6978 Collems AVE MIAMI Block | | | | | | 308691 | | | |
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| 2. Principal Place of Business 3. Mailing Address SAM 2 as Alabboc Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | | |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | | 65 | -078° | 7347 | HIS SPACE | |
| City & Sta | MIAMIBEOCH FR | City & State | | | 4. FEI | tumber 5 = 0 115 | -43 | · | Applied For Not Applicable |
| ^{Zip} 33 | /4/ Country | Zip | Cour | ntry | 5. Certi | ficate of Status De | sired 🔲 | \$8.75 / Fee Requ | |
| | 6. Name and Address of Current R | egistered Agent | | Name | 7. Nam | and Address of | New Registe | red Agent | |
| | | | | Name | | | مبحثوب | ************************************** | |
| 0 | | | | -Street Address | (P.O. Box N | lumber is Not Acce | eptable) | | |
| | | | | City | | | | FL Zip C | ode |
| 8. The aboys | named entity submits this statement for | the purpose of changing its | s register | ed affice or registe | ered agent, | or both, in the State | e of Florida. | | |
| (| (4) | . 0 | | | | , | | 400 | |
| SIGNATURE | Signature, typed or printed name of registered agent an | | Tir Danislass | d Agent signatura require | ad when minetat | | -1-21 | 100 | |
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| _ | ria on back) | Make Check Paya | | | ate . | Trust Fund Cont | ribution. | ∐ Add | led to Fees |
| 11. | OFFICERS AND D | IRECTORS | 12. | | ADDITI | ONS/CHANGES T | O OFFICERS | | |
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| 13. I hereby | certify that the information supplied with the | his filling does not qualify fo | r the exe | mption stated in Se | ection 119.0 | 7(3)(i), Florida Sta | tutes. I further | certify that the | information |
| indicated of the cor | on this report of supplemental report is to receiver or trustee empower, or on an attachment with an address, wi | rue and accurate and that r rered to execute this report | my signat as requir | ure shall have the | same legal | effect as if made u | ınder oath: th: | at I am an omc ars in Block 11 | or Block 12 if |

Attachment DOC#1297000088294 To Whom It may Concern: 308691 Please be advised, that this is the 3er time I sent the form 12t time on March, got lost in the molf, and may I reolized the sheek was not chiored from the bonk, and I sent quother one on pure 1, - on July 12 I collect. (950) 497-6059 Ext # 12, - Some body there told me to write a not with Exploration Thromph's agoin for your help. Smarely Dumo vorne