

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031788

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90010 007 ***158.75

BUU91844

DO NOT WRITE IN THIS SPACE

1. Entity Name
 Patagonia Natural Foods, Inc.

Principal Place of Business Mailing Address
 9381 NW 13 St. 9381 NW 13 St.
 Miami, FL. 33172 Miami, FL. 33172

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0827503
 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Cristian A. Wojciechowski
 9381 NW 13 St.
 Miami, FL. 33172

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

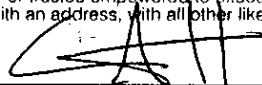
FILE NOW!!! FEB 18 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
 TITLE ☐ Delete
 PDS
 Wojciechowski, Cristian A.
 9754 NW 27 Terr.
 Miami, FL. 33172
 TITLE ☐ Delete
 VTD
 Wojciechowski, Maria B.
 9754 NW 27 Terr.
 Miami, FL. 33172
 TITLE ☐ Delete
 TITLE ☐ Delete
 TITLE ☐ Delete
 TITLE ☐ Delete
 TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(l), 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:  President
 Cristian Wojciechowski 4/28/00 (305) 267-9930
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)