2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000036319 Sep 19, 2000 8:00 am Secretary of State 1. Entity Name AMBROSIA FARMS OF POMPANO BEACH INC. 09-19-2000 90001 029 ***150.00 Principal Place of Business Mailing Address 4285 W. Atlantic Blvd. Term Bldg. #9 1285 W. ATLANTIC-BLVD. TERM BLDG. #9 POMPANO BEACH FL-33069 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business BeVe Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 65-0830230 Not Applicable \$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 -SAGERS, ARCHIE J-SR 1285 W. ATLANTIC BLVD. TERM BLDG. #9 POMPANO BEACH FL 33069 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 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 12. OFFICERS AND DIRECTORS 11. President Delete Change ☐ Addition TITLE TITLE Archie Sagers ST Change to above SAGERS, ARCHIE J SR NAME NAME 4285 W. ATLANTIC BLVD. TERM BLDG. #9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO-BEACH FL 33069 ☐ Addition TITLE Delete 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 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

Ambrosia Farms of Pompano Beach, Inc. 1301 Bevelle Road #19 Daytona Beach, Florida 32119 Attachment of passocialis ACOMS

Division of Corporations PO Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern;

I am writing this letter regarding my 2000 Annual Corporation Fee that I was suppose to mail out by May 1st, 2000. I was going through a divorce at the time this return was due and didn't realize that I had put the form away and never mailed it out. This was a very emotional divorce and I was not paying close attention to my business which caused me to forget to mail out the form and check by the deadline. I am enclosing a check for \$150.00 so that my corporation will not be dissolved and ask if you can forgive the late filing fee due to theses circumstances that have occurred in my life. I thank you in advance and appreciate your cooperation in this matter.

Sincerely,

Archie Sagers