2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # P98000042773 1. Entity Name AMERICA CAKE DECORATING SUPPLIES, INC. 05-22-2000 90005 020 ***150.00 Principal Place of Business Mailing Address 1881 N.W. 20TH STREET 1881 N.W. 20TH STREET MIAMI FL 33142-7431 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address 3100 N.W. 72 Ave. 3100 N.W. 7Z.AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 101 City & State City & State 4. FEI Number Applied For 65-0834799 MIAMI Not Applicable Zio Country U.S.4 \$8.75 Additional 5. Certificate of Status Desired 3/22 U.S.A. Fee Required 33122 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDUARDO J. LOPEZ CORONADO, RAMONA Street Address (P.O. Box Number is Not Acceptable) 7360 CORAL WAY 3100 N.W. 72 Ave #101 SUITE 21 **MIAMI FL 33155** 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 title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. PSD PSD TITLE ☐ Delete LOPEZ, EDVARDO J. LOPEZ, EDUARDO J NAME 3100 NW 72 AVE. # 101 STREET ADDRESS STREET ADDRESS 1881 N.W. 20TH STREET CITY-ST-ZIP MIAMI FL 33122 CITY-ST-ZIP **MIAMI FL 33142** ☐ Delete TITLE TITLE LOPEZ, EVA M. NAME LOPEZ, EVA M NAME 3100 N.W. 72 AVE.# 101 STREET ADDRESS STREET ADDRESS 1881 N.W. 20TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33122 MIAMI FL 33142 Addition Delete -TITLE- --☐ Change 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 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME gift in STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete 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 life empowered.

SIGNING OFFICER OF DIRECTOR

4-28-00

CR2E034 (9/99)