2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000060502 May 05, 2000 8:00 am Secretary of State 1. Entity Name SAMSHA FOODS, INC. 05-05-2000 90109 029 ***150.00 Mailing Address Principal Place of Business 5634 WEST SAMPLE ROAD 5634 WEST SAMPLE ROAD MARGATE FL 33073-3446 MARGATE FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0849683 Not Applicable Country \$8.75_Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINSTEIN, FRED 10063 53RD WAY SOUTH **BOYNTON BEACH FL 33437** 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. GLENN WEINSTEIN ature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 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. 11. OFFICERS AND DIRECTORS Change Delete TITLE TITLE ☐ Addition SLENN WEINSTEIN NAME WEINSTEIN, FRED NAME 1013 W. JASMINE LANG STREET ADDRESS STREET ADDRESS 10063 53RD WAY SOUTH, #702 LAUDENDALE FL CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 changed, or on an attachment with a readdress, with all other tike empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: