2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State DOCUMENT # P98000078154 1. Entity Name 05-22-2002 90185 009 ***150.00 GARD'N FRESH, INC. Principal Place of Business Mailing Address 6278 N FEDERAL HWY 6278 N FEDERAL HWY 145 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0859877 Not Applicable Country Zip Zip 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 SARRY, VERONIQUE JARRY, VERONIQUE Street Address (P.O. Box Number is Not Acceptable) 6000 N. OCEAN BLVD. FT. LAUDERDALE FL 33308 227 LOMBARDY City FT LAUDERDALE 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 47 SIGNATURE 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change ☐ Addition JARRY, VERONIQUE 227 LOMBARDY AVE JARRY, VERONIQUE NAME NAME 6000 N OCEAN BLVD 1C STREET ADDRESS STREET ADDRESS LAUDERDALE, CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP **VPT** ☐ Delete SARRY, PAUL-ERIC JARRY, PAUL-ERIC NAME 227 LOMBARDY AVE STREET ADDRESS 6000 N OCEAN BLVD 1C STREET ADDRESS LAUDERDACE, FL 3330} FT LAUDERDALE FL 33308 CITY-ST-ZIP Dëlete = ---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 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME 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

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JE JARRY 4/29/02 954-784-598

FILED