2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084674

1. Entity Name

OLD TOWN MARKET INC.

Principal Place of Business	Mailing Address
11510 SW 147TH AVE. UNIT 1-3 MIAMI FL 33186	5190 NW 167ST. STE 111 MIAMI FL 33014

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

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number **65-0869790** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHOMAR, JOSEPH 17439 NW 66 CT MIAMI FL 33015	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!!! FEE IS $150.00** After MAY 1, 2001 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KUFFREY, CHARLES 11440 SW 156TH AVE. MIAMI FL 33186	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUIS GUERRERO 16349 S.W. 76TH St. MIAMI, FL. 33193	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, RUSSEL 13973 SW 140 ST MIAMI FL 33186	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAQUEL GUERRERO 16349 S.W. 76TH St. MIAMI, FL. 33193	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/00)

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 like empowered.

SIGNATURE: _Charles Kuffrey, President_   MARCH 28, 2001   (305)970-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #