FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2002 8:00 am Secretary of State

DOCUMENT # P980000 88350 L 1. Entity Name CORAL REEF DONUTS DRA DUNKIN DONUTS					Secretary of State 04-10-2002 90447 025 ***150.00	
DO NOT WRITE	IN THIS SP	PAC	E			
2. Principal Place of Business					B0064277	
15469 S.W. 137 Avenue Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
lba Dunkin Donuts					4. FEI Number Applied For	
City & State MIAMI (L	City & State			4. 1	FEI Number 65-0875930	Not Applicable
Zip Country USA	Zip Co		try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
33191 V311				7. Na	rme and Address of Current Regi	·
			Name Rehan Naseer			
DO NOT WRITE			Street Ac	reel Address (P.O. Box Number is Not Acceptable)		
in this space						
			City M		m ¹	FL Zip Code
8. The above named entity submits this statement for SIGNATURE Signature, typed of prigher hame of registered agent.	ehan Naseer,	Pres	iden		3/3	0/02 PATE
Tax filing requirement and elects to do so. After May 1. Amended			y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 to Department of Stal		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. OFFICERS AND		TITL	: 1			
NAME REHAN NASEER.			E			
TADDRESS 15469 SW 137 AVC. ST-ZIP MIAMI - 33177 - FLO PUDA		- 11	ET ADDRESS - ST-ZIP			
TITLE Secretury	- PLO PADE	TITL	:			
NAME Nielatalareer			E ET ADDRESS			
STREET ADDRESS (5469 SW 137 Avenue CITY-ST-ZIP MIAM) FL 33177			-ST-ZIP			
TITLE		TITLE				
AME Treet address		NAM STRE	E et address			
Y-ST-ZIP		CITY	-ST-ZIP		DO NOT WRITE	
TITLE NAME		TITE	1		IN THIS SF	PACE
STREET ADDRESS		l)	ET ADDRESS			
CITY-ST-ZIP		-1	-ST-ZIP			
TITLE NAME		NAM	1			
STREET ADDRESS		STRE	ET ADDRESS			
CITY-ST-ZIP			-ST-ZIP			
TITLE NAME		FITLE NAM				
STREET ADDRESS		II	ET ADDRESS			
CITY-ST-ZIP	11 - P. 11 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	Щ.	-ST-ZIP	nd in Continn	119.07(3)(i), Florida Statutes. I furth	per partify that the information

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

resident 90/02

-0348

Daytime Phone #