2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 13, 2000 8:00 am DOCUMENT # P99000009073 1. Entity Name **Secrétary of State** FRANK'S DELI INTERNATIONAL FOODS, INC. 07-13-2000 90020 033 ***150.00 Mailing Address Principal Place of Business 4595 ARTHUR STREET 4595 ARTHUR STREET PALM BEACH GARDENS FL 33418-5733 PALM BEACH GARDENS FL 33418 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 31450 65-0 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee:Required === 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARBID, WAHIB Street Address (P.O. Box Number is Not Acceptable) 4595 ARTHUR STREET PALM BEACH GARDENS FL 33418 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and 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 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 11, OFFICERS AND DIRECTORS **PSTD** Addition TITLE TITLE Delete ARBID, WAHIB NAME NAME 4595 ARTHUR STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

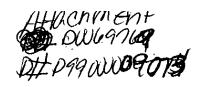
STREET ADDRESS

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #



SORRY FOR The

SORRY FOR The

delay this letter

We are located in a

Plaza WETHER it was

in Somebody else Box

OR in the BUTTOM WE

don't ICNOW WE JUST

FOUND IT.

Thanks

M. anlad