FOR PROFIT CORPORATION

| U | NIFORM BUSINE | SS REPORT | (UBR) | | | | |
|---|---|---|---------------------------------------|--|--|--|--|
| DOCUMENT # P99000017874 | | | | | | | |
| | | | | • | 2002 JUL -2 SECRETARY TALLAHASSE | • | |
| DO NOT WRITE IN THIS SPACE | | | | | FILED L-2 PH HASSEE. | | |
| 2. Principal Place of Business 175 TOUNTAINEBURAU BUY 175 FOUNTAINE | | | | SWD. | FLOR | .n | |
| Suite, Apt. #, etc. SUITE 2-H SUITE | | | E 2-M | | DO NOT WRITE IN A FISPAC | <u>e.</u> | |
| HIAMI, FL | | City & State, MIAMI, FL | | • | 4. FEI Number 65 - 0895363 | Applied For Not Applicable | |
| 331 | 72 USA | ^{Zio} 33172_ | USA | 5 | | 75 Additional Required | |
| , | | • | Name | 7. | Name and Address of Current Registered Age | nt ==================================== | |
| | DO NOT WI IN THIS SP | | Single Su City N | ALLEY MAM | D.Box Number is Not Acceptable) . 203 FL Z | 33126 | |
| 8. The above | named entity submits this statement for | he purpose of changing its re | egistered office o | r registered | agent, or both, in the State of Florida. | | |
| SIGNATURE . | Signature, typed or printed/harne of registered agains an | d title if applicable (NOTE, F | Registered Agent signal | ture required whe | nen (onstating) DATE | | |
| 9. This corpo | ration is eligible to satisfy its Intangible | January 1 : Ma | y 1 Fee is \$15 | 0.00 | | | |
| Tax filing r (See criter | | Fee is \$550.00 UBR is \$61.25 to Departmen | | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | | |
| 11. nne | OFFICERS AND D | | me . | use of the Chi being the Car | | | |
| NAME STREET ADDRESS CHTY-ST-ZIP | (PISID) MANUEL MÁ 175 FOUNTAINEBLÉI MIAMI IFL 33172 | | NAME STREET ADDRESS CITY-ST-ZIP | 1967 179 | i ing a basa ng mga ng mga Ng mga ng mg | 2 | |
| THE | 140000 | | ime. | | | 31-0 | |
| NAME Street Address City-St-Zip | | | NAME STREET ADDRESS CITY-ST-ZIP | | C. Coullette | 0 5 5005 | |
| TITLE | | | me , | 1000 | C: Continents | | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | DO NOT WRITE | | |
| CITY-ST-ZIP TITLE | | , | CITY-ST-ZIP | 4 7 3 8 4 | er in der tradition in Frankliche in der State der Albeiter in der Albeiter in der Albeiter in der Albeiter in Der Albeiter in der Albeiter i | AND CONTROL OF THE PROPERTY OF | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | IN THIS SPACE | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE VAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | | 50000620216 -07/03/02-=01054 ****300.00 *** | 5=-9 : 1006 •*300:00 (| |
| INTLE NAME STREET ADDRESS CITY-ST-ZIP | | : | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| of the corr | on this report of supplemental report is tri | ue and accurate and that my : | sionature shall br | ave the same | on 119.07(3)(i), Florida Statutes. I further certify that he legal effect as if made under oath; that I am an official Statutes; and that my name appears in Blo | officer or director | |

15th STREET FOOD MARKET, INC. DOC. #P99000017874

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

MANUEL MARLOTE

PRESIDENT