2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **P99000020177** 1. Entity Name GRILL FOODS, INC. 04-17-2001 90027 033 ***150.00 Principal Place of Business -Mailing Address 169 E FLAGLER STREET STE 1527 6595 NW 36TH ST MIAMI FL 33131 STE 224 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0915852 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSON, DISNEY Street Address (P.O. Box Number is Not Acceptable 169 E FLAGLER STREET STE 1527 MIAMI FL 33131 Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE (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, 2001 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 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition Change
Ch TITLE Delete TITLE BARROS, CARLOS NAME BARROS, CARLOS D NAME 7711 SW 40th St. STREET ADDRESS 169 E FLAGLER STREET STE 1527 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition ☐ Delete TITLE TITLE BARROS. BARROS, MANUEL D NAME NAME STREET ADDRESS STREET ADDRESS 169 E FLAGLER STREET STE 1527 CITY-ST-ZIP I CITY-ST-7IP MIAMI FL 33131 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address with the report of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR