2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000026140 May 09, 2000 8:00 am Secretary of State 1. Entity Name CHICAGO BEEF SANDWICH COMPANY 05-09-2000 90122 018 ***150.00 Principal Place of Business Mailing Address 2033 MAIN STREET 2033 MAIN STREET SUITE 106 SUITE 106 SARASOTA FL 34237 SARASOTA FL 34237-6049 2. Principal Place of Business 3. Mailing Address 225 y Jamiam DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State M Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, THEODORE ESQ. 2033 MAIN STREET SUITE 106 SARASOTA FL 34237 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 nt 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: Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE ☐ Addition TITLE PARKER, THEODORE NAME NAME 2033 MAIN STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT Change ☐ Addition TITLE TITLE J.C. BANKS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP michael Lube-grove ☐ Change ☐ Addition TITLE TITLE PRESIDENT NAME NAME N. TAMPAM. STREET ADDRESS STREET ADDRESS SARABORA, FC. 34234 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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.