2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P99000037905 1. Entity Name E & H DINERS, INC. 04-11-2001 90100 031 ***150.00 Mailing Address Principal Place of Business 19823 NORTHWEST 82ND PLACE 19823 NORTHWEST 82ND PLACE UUU34520 MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address at doewood DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State DAVENPORT P 65-0915049 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARINA HUELVA, MARINA Street Address (P.O. Box Number is Not Acceptable) 19823 NW 82 PLACE 109 Joewood TRAIL MIAMI FL 33015 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 (NOTE: Registered Agent signature required when reinstating) ame of registered agent and title if applicable. 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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Defete PTD NAME HUELVA, MARINA 109 Joewood TRAIL STREET ADDRESS STREET ADDRESS 19823 NORTHWEST 82ND PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 Change Change ☐ Addition TITLE □ Delete TITLE SVD NAME NAME EPSTEIN, MARIA Joewood TR STREET ADDRESS STREET ADDRESS 19823 NORTHWEST 82ND PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITI F ☐ 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 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