FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 08, 2000 8:00 am Secretary of State OCUMENT # P99000046363 KARTER SOLUTIONS, INC. 05-08-2000 90138 025 ***150.00 DJ'S BEST HOT DOGS, INC. ilitaipal Place of Business 53 GLENMORE DRIVE 12253 GLENMORE DRIVE SPRINGS FL 33071 CORAL SPRINGS FL 33071-7879 88056554 Principal Place of Business 3. Mailing Address SAME 7895 W. SAMPLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0920897 CORAL SPRINGS, FL Not Applicable 33065 \$8.75 Additional Country 5. Certificate of Status Desired BROWED Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City . 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Change ☐ Addition TI E Delete NAME ME BARCY, DANIEL J STREET ADDRESS REET ADDRESS 12253 GLENMORE DRIVE CITY-ST-ZIP TY-ST-71P CORAL SPRINGS FL 33071 ☐ Defete TITLE ☐ Change Addition **AME** BARCY, ANDREA D NAME REET ADDRESS STREET ADDRESS 12253 GLENMORE DRIVE TY-ST-ZIP COTY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete Change Addition TLE REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TLE NAME ME REET ADORESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP Change TLE ☐ Delete TITLE Addition ME NAME REET ADDRESS STREET ADDRESS CITY-ST-ZIP 3. 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.

DELT NOK LIPE PRANTECES / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 💄

954-255-1801