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FILED
Jun 19, 2001 8:00 am
Secretary of State

05-18-2001 91585 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056096

1. Entity Name

MY PEANUTS, INC.

Principal Place of Business

PO Box 600429

North Miami Beach FL 33160

Mailing Address

PO Box 600429

North Miami Beach FL
33160

2. Principal Place of Business

1332 NE 163 Street

Suite, Apt. #, etc.

3. Mailing Address

11340 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

Miami, FL

4. FEI Number

650980471

☒ Applied For
☐ Not Applicable

Zip

33162

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired

☐
\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 Zedeck, Leonard E.
 1820 NE 163 Street
 North Miami Beach, FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

 9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

 10. Election Campaign Financing
 Trust Fund Contribution. ☐
\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

 TITLE PD ☐ Delete
 NAME Bilotti, Michael
 STREET ADDRESS 20185 E Country Club Dr., #2104
 CITY-ST-ZIP Aventura, FL 33180

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE PSTD ☒ Change ☐ Addition
 NAME Bilotti, Michael
 STREET ADDRESS 1332 NE 163 Street
 CITY-ST-ZIP North Miami Beach, FL 33162

 TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
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 TITLE ☐ Change ☐ Addition
 NAME
 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Michael Bilotti, President

4/30/01

305-584-1379

CR2E034 (1/1/00)