NOV-21-2001 08:50AM FROM- T-386 P.002/002 F-956

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 27 PM 1:49

DOCUMENT # P99000090221

1. Entity Name

SWEET MONDIES, INC.

Principal Place of Business / Mailing Address

2536 COCO PLUM BLVD., APT. 902
Boca Raton, FL 33496

2. Principal Place of Business	3. Mailing Address
141 NW 20 Street	141 NW 20 Street
Suite, Apt. #, etc. Suite B7	Suite, Apt. #, etc. Suite B7
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: US	Zip: 33431 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0952396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMERER, SUSAN
2536 COCO PLUM BLVD., APT. 902
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

Name: DAVID GOSTFRAND

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

141 NW 20 STREET, SUITE B7

City: BOCA RATON, FL Zip Code: 33431

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: _____ 11/21/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEMERER, SUSAN 2536 COCO PLUM BLVD., APT. 90 BOCA RATON, FL 33496	☒ Delete	PD GOSTFRAND, DAVID 141 NW 20 Street, Suite B7	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TURNER, RONNIE 5625 NW 24TH TERRACE BOCA RATON, FL 33496	☒ Delete	Boca Raton, FL 33431	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	500004717325 2 -12410/01--01106--013 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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.

By: David Gostfrand

SIGNATURE: _____ 11/21/01 561-447-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #