

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093044

1. Entity Name

FERN'S FOODS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90086 030 ***150.00

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| Principal Place of Business C/O KRAMER, GREEN, ZUCKERMAN, KAHN P.A. 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH HOLLYWOOD FL 33021 | Mailing Address C/O KRAMER, GREEN, ZUCKERMAN, KAHN P.A. 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH HOLLYWOOD FL 33021-6786 |
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| 2. Principal Place of Business 600 Isle of Palm Drive Suite, Apt. #, etc. | 3. Mailing Address 600 Isle of Palm Drive Suite, Apt. #, etc. |
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| City & State Ft. Lauderdale, FL | City & State Ft. Lauderdale, Florida | 4. FEI Number 65-0956027 | Applied For Not Applicable |
| Zip 33301 | Country USA | Zip 33301 | Country USA |



DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent GREEN, MITCHELL F 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH HOLLYWOOD FL 33021 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUBIN, FERN 600 ISLE OF PALM DRIVE FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ Date: 4-1-00 Daytime Phone #: 954.761.7905

CR2E034 (9/99)