2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 16, 2000 8:00 am Secretary of State DOCUMENT # P99000107640 FRUIT BASKET KINGDOM, INC. 08-16-2000 90006 046 ***150.00 Principal Place of Business Mailing Address P.O. BOX 5659 P.O. BOX 5659 LIGHTHOUSE POINT FL 33074 LIGHTHOUSE POINT FL 33074 2. Principal Place of Business 3. Mailing Address Powerline Rd. 80 S. Powersine DO NOT WRITE IN THIS SPACE 4.103A 103A 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOEL SANDERS, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 1625 N. COMMERCE PKWY., SUITE 225 WESTON FL 33326 Zip Code City FL 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 reinstating) FILE NOW!!! FEE IS \$550.00 9. 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. TITLE ☐ Delete RUDY, RONALD NAME NAME 1180 S. Powerline Road, Ste 103A Pompano Boh., FL 33069 P.O. BOX 5659 STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33074 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Addition Delete~ ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 addresse, with all other like empowered.

TITLE

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TIPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

17-21-a

1954 977 8580

Daytime Phone #

Change

Addition

CR2E034 (5/00)

2 stachment of P9900107640

JOEL SANDERS, C.P.A, P.A.

CERTIFIED PUBLIC ACCOUNTANT

1625 NORTH COMMERCE PARKWAY SUITE 225 WESTON, FLORIDA 33326

MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

TEL: (954) 385-9290 FACSIMILE: (954) 385-9284 EMAIL: jsand1@lx.netcom.com MEMBER: FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

July 21, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Fruit Basket Kingdom, Inc.

Doc #: P99000107640

Gentlemen;

In response to your notice regarding the 2000 Uniform Business Report, please be advised that this is the taxpayer's first notice received. As current registered agent, I did not receive any annual reports. Please accept this check, in the amount of \$150.00, to register the above entity.

Also, please make note that the taxpayer's address is incorrect on the report.

Please update your files and advise us accordingly.

Very truly yours,

Joel Sanders, CPA