2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V19829** Apr 03, 2000 8:00 am Secretary of State FUTURE FOODS OF BOCA, INC. 04-03-2000 90126 004 ***150.00 Mailing Address Principal Place of Business 8177 W. GLADES RD. 8177 W. GLADES RD. BOCA RATON FL 33434 BOCA RATON FL 33496-1850 US 2. Principal Place of Business 3. Mailing Address Ruffian Way 18429 Ruffing P6121 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0320200 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 349G 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOCHMAN, STEVEN P. Street Address (P.O. Box Number is Not Acceptable) 8177 W. GLADES RD. STE. 108 **BOCA RATON FL 33434** Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Q 6 Change Addition TITLE ☐ Delete TITLE Hochman, Steven P HOCHMAN, STEVEN P NAME NAME 18429 Ruffian Way STREET ADDRESS 8177 W. GLADES RD., STE. 108 STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 apport 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 husbee 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:__

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

561 451- 9080