2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51925

1. Entity Name

Jessie's Gourmet, Inc.

05-10-2000 90183 005 ***158.75
FILED V51925
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 AM 9:49

Principal Place of Business | Mailing Address

REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5700 Horizons Lane	5700 Horizons Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate, FL.	City & State: Margate, FL.
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Alan Wolnek

Street Address (P.O. Box Number is Not Acceptable): 5700 Horizons Lane

City: Margate FL Zip Code: 33063

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.

Alan Wolnek 4/24/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	☐ Delete	TITLE P NAME Alan Wolnek STREET ADDRESS 5700 Horizons Lane CITY-ST-ZIP Margate, FL. 33063	☑ Change ☐ Addition
ST ZIP	☐ Delete	TITLE T NAME Allan Cohn STREET ADDRESS 5700 Horizons Lane CITY-ST-ZIP Margate, FL. 33063	☐ Change ☑ Addition
ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300003343683--0 -08/02/00--01045--001 *****741.25	☐ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 7/21	☐ Change ☐ Addition
ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: 4/24/00 (954)970-6700

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

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