

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
 03-04-2000 90018 019 ***158.75

DOCUMENT # P95000013300

1. Entity Name
WHITE LION FOODS, INC.

Principal Place of Business Mailing Address
~~56 N. COUNTY LINE RD.~~ **4431 S.W. 64TH AVENUE, SUITE 119**
~~SUITE 7~~ **DAVIE FL 33314-3458**
~~JACKSON-NE 08527~~
~~US~~

2. Principal Place of Business 3. Mailing Address
995 E. VETERANS HWY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **JACKSON N.J.**
 Zip **08527** Country **USA**

City & State
 Zip Country

4. FEI Number **65-0566441** 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

HENDERSON, GLENN C
4431 S.W. 64TH AVENUE
SUITE 119
DAVIE FL 33314

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WANZEL, CYNTHIA L 3741 SUNNY ISLES BLVD. SUITE 126 SUNNY ISLES FL 33160 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | Director President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WANZEL CYNTHIA 995 E. VETERANS HWY JACKSON N.J. 08527 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WARMEL, CYNTHIA L 3741 SUNNY ISLES BLVD SUITE #126 SUNNY ISLES FL 33160 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition wanzel cynthia 995 EAST VETERANS HWY JACKSON NJ 08527 |
| 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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| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Cynthia L Wanzel **CYNTHIA L WANZEL President** 2/25/00 732 886-1869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)