2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573579 1. Entity Name

DOUBLE G FOODS OF FLORIDA, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90140 017 ***150.00

Principal Place of Business 1611 NW 12TH AVENUE MIAMI FL 33136-8005		Mailing Address 777 NW 72ND AVE 3K20 MIAMI FL 33126			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2813156	Applied For Not Applicable
Zip	² Country		Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and Address of New Registered	
	······································		Name		
ZAC ZAC	, georgi jr				
777 NW 72ND			Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL	33126				
	33,23		City	FL	Zip Code
8. The above	named entity submits this statement f	or the purpose of aboveing its	(·
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature red	quired when reinstating) DATE	
F	ILE NOW!!! FEE IS \$150.00				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE	PSD	☐ Delete	TITLE .		☐ Change ☐ Addition
NAME	ZAC ZAC, GEORGI JR		NAME		
STREET ADDRESS	777 NW 72ND AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	<u>.</u>	☐ Change ☐ Addition
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12. I hereby ce	ertify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further cert	ify that the information

12. 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 10 or Block 11 if changed, or on an attachment with an adding with all bits rilke empowered.

SIGNATURE:

GNATURE AND PRESENTED NAME OF SENING OFFICER OR DIRECTOR

373

(305) 2612900x112

Daytime Phone #

CR2E034 (10/02)