

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90099 019 ****61.25

DOCUMENT # 756490
 1. Entity Name
DAILY BREAD FOOD BANK, INC.

Principal Place of Business: **5850 N.W. 32ND AVENUE MIAMI FL 33142**
 Mailing Address: **5850 N.W. 32ND AVENUE MIAMI FL 33142-2117**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **59-2097520** Applied For: Not Applicable:

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GRAY, WILLIAM J
1 BISCAYNE TWR., SUITE 2500
2 S. BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name: **Lolita Ada**
 Street Address (P.O. Box Number is Not Acceptable): **5850 NW 32nd Ave**
 City: **Miami** FL Zip Code: **33142**

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: *Lolita Ada* DATE: **7-6-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: HAMASAKI, DUCO DR. STREET ADDRESS: 5850 N.W. 32ND AVENUE CITY-ST-ZIP: MIAMI, FL 3	<input type="checkbox"/> Delete	TITLE: T NAME: Adair, Michael R. C.P.A. STREET ADDRESS: 100 W. Cypress Creek RD 1045 CITY-ST-ZIP: Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MYERS, VAN STREET ADDRESS: 5850 NW 32ND AVENUE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MOORE, A.D. STREET ADDRESS: 5850 N.W. 32ND AVENUE CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BERGENIST, MARY STREET ADDRESS: 5850 NW 32ND AVE CITY-ST-ZIP: MIAMI FL 33142	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Perez, Joe STREET ADDRESS: 5850 NW 32nd Ave CITY-ST-ZIP: Miami, FL 33142	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: HANTMAN, SUSAN STREET ADDRESS: 5850 N.W. 32ND AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan P. Hantman* DATE: **7-6-00** (305) 633-9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)