2002 UNIFORM BUSINESS REPORT (UBR)

001076 AT

DOCUMENT # A31570

1. Entity Name

SOUTHEAST FROZEN FOODS COMPANY, L.P., LIMITED PA RTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:23

Principal Place of Business	Mailing Address
18770 N.E. 6TH AVENUE MIAMI FL 33179	18770 N.E. 6TH AVENUE MIAMI FL 33179

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-0260984 ☐ 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
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

9. Capital Contributions as Shown on record. $8,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P38030	STREET ADDRESS	667 Madison Avenue, 25th Floor
NAME	SOUTHEAST FROZEN FOODS CORPORATION		
STREET ADDRESS	599 LEXINGON AVENUE	CITY-ST-ZIP	New York, NY 10021
CITY-ST-ZIP	NEW YORK NY		
DOCUMENT #	S58631	STREET ADDRESS	
NAME	CORAL SPRINGS CONNECTION, INC.		
STREET ADDRESS	18770 N.E. 6TH AVE	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33179		
DOCUMENT #		STREET ADDRESS	
NAME			
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Douglas D. Myers 4/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #