

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90091 034 ***150.00

UBR 40210

DOCUMENT # P94000031431

1. Entity Name
BVL FOODSERVICE, INC.

| | |
|------------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business 1939 OSCEOLA PKWY KISSIMMEE FL 34741 US | Mailing Address 13000 PARK BLVD SEMINOLE FL 33776 US |
|------------------------------------------------------------------------------|---------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3240978**

Applied For
 Not Applicable

Zip Country Zip Country

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

GEORGE L. HAYES III SERVICES, INC.
696 1ST AVENUE NORTH
SUITE 303
ST. PETERSBURG FL 33701

| |
|----------------------------------------------------|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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, 2001 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 | TITLE | NAME |
| PD | YOUNESS, DANIEL W | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 13000 PARK BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | CITY-ST-ZIP | |
| STD | YOUNESS, ANGELINE | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 13000 PARK BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| <input type="checkbox"/> Delete | | <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 empowerments.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)