

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90185 028 \*\*\*158.75

**DOCUMENT # P99000058365**

1. Entity Name  
**UNLIMITED FOODS, INCORPORATED**

Principal Place of Business 10300 SUNSET DRIVE SUITE 435 MIAMI FL 33176	Mailing Address 10300 SUNSET DRIVE SUITE 435 MIAMI FL 33173-3021
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11436 N.W. 50 Terrace	3. Mailing Address 11436 N.W. 50 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL	4. FEI Number 05-0930198	Applied For Not Applicable
Zip 33178	Country	Zip 33178	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/>		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TALIESON ADVISORY CORP. 10300 SUNSET DRIVE SUITE 435 MIAMI FL 33176	7. Name and Address of New Registered Agent Name Carlos Alberto Hernandez Lopez Street Address (P.O. Box Number is Not Acceptable) 11436 N.W. 50 Terrace City Miami FL Zip Code 33178
---	--

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: 2/16/00

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	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ LOPEZ, CARLOS ALBERTO		NAME	
STREET ADDRESS CARRERA 81 #33A-7		STREET ADDRESS	
CITY-ST-ZIP MEDELLIN, COLOMBIA S.A.		CITY-ST-ZIP	
TITLE VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUARTAS MADRID, MARIA EUGENIA		NAME	
STREET ADDRESS CARRERA 81 #33A-7		STREET ADDRESS	
CITY-ST-ZIP MEDELLIN, COLOMBIA S.A.		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: DATE: 2/16/00 DAYTIME PHONE #: 305-499-9763

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)