

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000070642

1. Entity Name
A & D FOOD EQUIPMENT, INC.

Principal Place of Business 3715 NW 36 STREET MIAMI FL 33142	Mailing Address 3715 NW 36 STREET MIAMI FL 33142
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2. Principal Place of Business 3711 NW 36 STREET Suite, Apt. #, etc.	3. Mailing Address 3711 NW 36 STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0950467	Applied For <input type="checkbox"/> Not Applicable
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Zip 33142	Country	Zip 33142	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIAZ ALBERTO M 3715 NW 36 STREET MIAMI FL 33142		7. Name and Address of New Registered Agent Name DIAZ ALBERTO M Street Address (P.O. Box Number is Not Acceptable) 3711 NW 36 STREET City MIAMI FL Zip Code 33142	
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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 **06/12/2000**
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LA VEGA ASUNCION D			NAME	AMADOR RENE J		
STREET ADDRESS	3715 NW 36 STREET			STREET ADDRESS	3711 NW 36 STREET		
CITY-ST-ZIP	MIAMI FL 33142			CITY-ST-ZIP	MIAMI FL 33142		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LA VEGA RENE E			NAME	DIAZ MARIA E		
STREET ADDRESS	3715 NW 36 STREET			STREET ADDRESS	3711 NW 36 STREET		
CITY-ST-ZIP	MIAMI FL 33142			CITY-ST-ZIP	MIAMI FL 33142		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ ALBERTO M			NAME	DIAZ ALBERTO M		
STREET ADDRESS	3715 NW 36 STREET			STREET ADDRESS	3711 NW 36 STREET		
CITY-ST-ZIP	MIAMI FL 33142			CITY-ST-ZIP	MIAMI FL 33142		
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: ALBERTO M DIAZ

RD 06/12/2000