

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90031 020 \*\*\*158.75

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 AV

**DOCUMENT # V54380**

1. Entity Name  
**F.S. DAIRY PLANT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5800 N.W. 74TH AVE.  
 MIAMI FL 33166**

Mailing Address  
**5800 NW 74TH AVE  
 MIAMI FL 33166  
 US**

2. Principal Place of Business  
**P.O. Box 526642**

3. Mailing Address  
**P.O. Box 526642**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-0347718**

Applied For  
 Not Applicable

Zip  
**3316652**

Country  
**USA**

Zip  
**3316652**

Country  
**USA**

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**

**BARED, JOSE  
 5800 N.W. 74TH AVE.  
 MIAMI FL 33166**

Name  
**Juan Diaz, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**7000 NW 52nd Street, Second Floor**

City  
**Miami**

State  
**FL**

Zip Code  
**33166**

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 **Juan Diaz, Esq.** DATE **Apr 30, 2002**

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	<b>DP BARED, JOSE 5800 N.W. 74TH AVENUE MIAMI FL 33166</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. CESAR MOLINA P.O. BOX 526642 Miami, FL 33152-6642</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BARED, MAURICE 5800 N.W. 74TH AVENUE MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECY. JUELLE GARRIGO P.O. BOX 526642 Miami, FL 33152-6642</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BARED, CARLOS 5800 N.W. 74TH AVE. MIAMI FL 33166</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Juelke Garrigo** DATE: **4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)