

2001 UNIFORM BUSINESS REPORT (UBR)

0018628 AF

DOCUMENT # M00000001795

1. Entity Name
AMERICAN FOOD PRODUCTS, LLC

FILED

01 FEB -1 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
533 CLEVELAND STREET
CLEARWATER FL 33755

Mailing Address
~~533 CLEVELAND STREET~~ P.O. Box 419
CLEARWATER FL ~~33755~~ 33757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4384619

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOOD CART SYSTEMS, INC.
533 CLEVELAND STREET
CLEARWATER FL 33755

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 *Paul F. Gibson* President *January 28, 2001*
Signature of principal, owner, or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Chief Manager	
STREET ADDRESS		Gibson, Paul F.	
CITY-ST-ZIP		3156 Oyster Bayou Way	
		Clearwater, FL 33757	
		President, Member Board of Directors	<input checked="" type="checkbox"/> Addition
		Xiomara E. Adewusi	
		7614 Canon Road	
		Tampa, FL 33615	
		300003662699-3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		-02/03/01--01007--016	
		*****50.00 *****50.00	
		SL	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Paul F. Gibson* **REQUIRED** *January 28, 2001* (707) 449-8700
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)