

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90047 016 ***150.00

DOCUMENT # P00000104382

1. Entity Name
ORGANIC FOOD SERVICE CORP.

Principal Place of Business
11400 NE 10 AVE. BISCAYNE PARK
MIAMI FL 33161

Mailing Address
11400 NE 10 AVE. BISCAYNE PARK
MIAMI FL 33161

2. Principal Place of Business
337 20th Street

3. Mailing Address
337 20th Street

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
Apt 103

City & State
Miami Beach, Florida

City & State
Miami Beach, Florida

4. FEI Number
65-1053175

Applied For
 Not Applicable

Zip
33139

Country
U.S.A.

Zip
33139

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BILLON, NICOLAS
11400 NE 10 AVE, BISCAYNE PARK
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name
Sebastian Ratti

Street Address (P.O. Box Number is Not Acceptable)

337 20th Street Apt 103

City
Miami Beach,

FL

Zip Code
33139

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

Sebastian A. Ratti
 Signature, typed or printed name of registered agent and title if applicable.

sebastian A. Ratti

(NOTE: Registered Agent signature required when reinstating)

April 10th, 2001

DATE

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

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | DPST | Delete |
| NAME | BILLON, NICOLAS | |
| STREET ADDRESS | 11400 NE 10 AVE, BISCAYNE PARK | |
| CITY-ST-ZIP | MIAMI FL 33161 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|--|
| TITLE | DPST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Billon, Nicolas | |
| STREET ADDRESS | 337 20th Street Apt 103 | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicolas Billon

April 10th, 2001 786-683-6961

Date

Daytime Phone #

CR2E034 (10/00)