

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90003 018 ****50.00

0036781

DOCUMENT # M00000001795

1. Entity Name
AMERICAN FOOD PRODUCTS, LLC

Principal Place of Business 503 CLEVELAND STREET CLEARWATER FL 33755	Mailing Address P.O. BOX 419 CLEARWATER FL 33757
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
601 Cleveland Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 230

City & State
Clearwater

Zip
FL 33755

4. FEI Number **36-4384619**

Applied For
 Not Applicable

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.

~~503 CLEVELAND STREET~~
 CLEARWATER FL 33755

Address Change →

Name
 Street Address, P.O. Box Number (if Not Acceptable)

601 Cleveland Street

Suite 230

Clearwater FL 33755

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, Chairman*

January 10, 2002

Signature, typed or printed name of 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR	GIBSON, PAUL F	3156 OYSTER BAYOU WAY CLEARWATER FL 33759	<input type="checkbox"/> Delete			
	P	POLEWASTI, XIOMARA	7614 CARON RD TAMPA FL 33615	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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, Chairman* *January 10, 2002 (727) 449-8700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)