

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90049 014 ***150.00

DOCUMENT # 411305

1. Entity Name
SAVON FOODS, INC.

Principal Place of Business

**3520 NW 119TH ST
 MIAMI FL 33167
 US**

Mailing Address

~~5600 W WATERFORD DR
 DAVIE FL 33331
 US~~
**3520 NW 119th St.
 MIAMI, FL. 33167**

2. Principal Place of Business

3. Mailing Address
3520 NW 119th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number **59-1499821**

Applied For
 Not Applicable

Zip

Country

Zip
33167

Country

U.S.A.

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROSENKRANZ, STEVEN
 5600 W WATERFORD DR.
 DAVIE FL 33331~~

**3520 NW 119th St.
 MIAMI, FL. 33167**

Name **STEVEN ROSENKRANZ**

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

3520 NW 119th St.

City **MIAMI,**

FL

Zip Code
33167

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 **STEVEN ROSENKRANZ**

Steven Rosenkranz

4/2/01

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	ROSENKRANZ, STEVEN	
STREET ADDRESS	5600 W WATERFORD DRIVE	3520 NW 119th St.
CITY-ST-ZIP	DAVIE FL	MIAMI, FL. 33167

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SV	<input type="checkbox"/> Delete
NAME	ROSENKRANZ, GARY	
STREET ADDRESS	15010 FEATHERSTONE WAY	
CITY-ST-ZIP	DAVIE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
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: *Steven Rosenkranz* **STEVEN ROSENKRANZ - PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-687-9994

CR2E034 (10/00)