

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90174 012 ***150.00

DOCUMENT # 479311

1. Entity Name
FLORIDA SPICES AND PRODUCTS, INC.

Principal Place of Business

**884 SW 70TH AVENUE
 MIAMI FL 33144**

Mailing Address

**884 SW 70TH AVENUE
 MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1661254**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**QUINTANA, ARTURO
 884 SW 70TH AVENUE
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **LEONEL VIDAL**

Street Address (P.O. Box Number is Not Applicable)
884 SW 70TH AVE

City **MIAMI**

FL

Zip Code **33144**

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

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

LEONEL VIDAL

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/02

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

TITLE **VD** ☒ Delete
 NAME **QUINTANA, ARTURO**
 STREET ADDRESS **884 SW 70TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **STD** ☒ Delete
 NAME **VIDAL, LEONEL A**
 STREET ADDRESS **884 SW 70TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PD** ☒ Delete
 NAME **ALAMO, LUIS F**
 STREET ADDRESS **884 SW 70TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **LEONEL VIDAL**
 STREET ADDRESS **884 SW 70TH AVE**
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

LEONEL VIDAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 (305) 2671130

Date

Daytime Phone #

CR2E034 (9/01)