

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2001 90130 012 ***150.00

DOCUMENT #

543149 ✓

1. Entity Name

Food & Feedstuffs International, Inc.

Principal Place of Business

Mailing Address

2655 Le June Road
 Suite 611
 Coral Gables, FL 33134

200 S Biscayne Blvd
 4878
 Miami, FL 33131-2303

2. Principal Place of Business

1220 Valencia Ave

3. Mailing Address

1220 Valencia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL 33134

City & State

Coral Gables, FL 33134

4. FEI Number

59-1772587

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
 200 S Biscayne Blvd.
 Suite 4874
 Miami, FL, 33131

7. Name and Address of New Registered Agent

Name

BUNGE, SIEGFRIED H

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

1220 Valencia Avenue

City

Coral Gables

FL

Zip Code

33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 24th, 01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NUMBER: 001-150.00

APRIL 24, 2001 - Fee will be \$500.00

Mail to: Secretary of State, Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Magill, Lorraine	
STREET ADDRESS	2655 LeJune Road-Suite 611	
CITY-ST-ZIP	Miami, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Bunge, Siegfried H	
STREET ADDRESS	1220 Valencia Avenue	
CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Bunge, Margarete	
STREET ADDRESS	2655 Le June Road-Suite 611	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Hormazabal, Freddy	
STREET ADDRESS	2655 LeJune Road-Suite 611	
CITY-ST-ZIP	Coral Gables, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1220 Valencia Avenue	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1220 Valencia Avenue	
CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bunge, Bettina	
STREET ADDRESS	1220 Valencia Avenue	
CITY-ST-ZIP	Coral Gables, FL 33134	
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

Date

Daytime Phone #

APRIL 24th, 01 305-365-1772

CR2E034 (11/00)