

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 592899

1. Entity Name
B & C FOODS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90295 017 ***158.75

655713



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1600 SOUTH STATE RD. #7
FT. LAUDERDALE FL 33317

Mailing Address
1600 SOUTH STATE RD. #7
FT. LAUDERDALE FL 33317

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **59-1862536** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BIGGS, CHRISTOPHER N.
1600 S STATE RD #7
FT. LAUDERDALE FL 33330

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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, 2000 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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIGGS, CHRISTOPHER N			NAME			
STREET ADDRESS	2825 SW 117TH AVE			STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 00000			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIGGS, BEVERLY F			NAME			
STREET ADDRESS	2825 SW 117TH AVE			STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 00000			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSEN, SUE			NAME			
STREET ADDRESS	1050 S W 52ND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 00000			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, JEFFERY			NAME			
STREET ADDRESS	1151 SCARBOROUGH DR			STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIGGS, CHRISTOPHER F			NAME			
STREET ADDRESS	2825 SW 117TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIGGS, COURTNEY J			NAME			
STREET ADDRESS	2825 SW 117TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL			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: Sue Hansen 4-29-00 954-584-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)