

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90068 001 \*\*\*158.75

**DOCUMENT # 592899**

1. Entity Name

**B & C FOODS, INC.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**BIGGS, CHRISTOPHER N.  
 1600 S STATE RD #7  
 FT. LAUDERDALE FL 33330**

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

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	PD	<input type="checkbox"/> Delete
NAME	BIGGS, CHRISTOPHER N	
STREET ADDRESS	2825 SW 117TH AVE	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BIGGS, BEVERLY F	
STREET ADDRESS	2825 SW 117TH AVE	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANSEN, SUE	
STREET ADDRESS	1050 S W 52ND AVENUE	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEVENS, JEFFERY	
STREET ADDRESS	1151 SCARBOROUGH DR	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, CHRISTOPHER F	
STREET ADDRESS	2825 SW 117TH AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, COURTNEY J	
STREET ADDRESS	2825 SW 117TH AVE.	
CITY-ST-ZIP	DAVIE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Sue Hansen **SUE HANSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-01**

Date

**954-584-3378**

Daytime Phone #

CR2E034 (10/00)