## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT # 614425



## FILED Apr 28, 2003 8:00 am Secretary of State

FOOD SPOT NO. 42 INCORPORATED						04-28-2003 90213 003 ***150.00				
Principal Plac 7901 LUDLAM S MIAMI FL 3 US		Mailing Address 7901 LUDLAM RD S MIAMI FL 33143 US								
2. Principal F	Place of Business	3 Mailing Address	71	WE		1   0 0   12 0   12 0   12 0   12 0   12 0   12 0   12 0   12 0   12 0   12 0   12 0   12 0   12 0   12 0   12	iadi dili bibi i		[	
Suite, Apt. # etc.		Suite, Apt. # etc.				CHECK HERE IF MAKING CHANGES				
City & State	MIAMI , FR	Signer MI	40	11,6	4. FI	59-197242	1		Applied For Not Applicable	
zip33		33156	Countr	у		ertificate of Status Desired		\$8.75 A		
	6. Name and Address of Current F	Registered Agent			7. N	ame and Address of New	Registered	Agent		1
MAIL NED E	anuec	,		Name						1
WILNER, E 7901 LUDI		Street Addr			ss (P.O. Bo	Number is Not Acceptab	le) M	Ē		
miami fl	33143 **** <sub>**</sub>			Ś4	ITE	#200				
				City	5047	# MIAMI	FL	Zio Co	ode 176	1
	named entity submits this statement for	the purpose of changing its re-	gistered	d office or regi	stered age	nt, or both, in the State of F	lorida. I am	familiar wit	h, and accept	1
the obligat	tions of registered agent.									
										1
SIGNATURE .										
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE; R	egistered /	Agent signature req	juired when rein	nstating)	DATE		- <del></del>	
F	Signature, typed or printed name of registered agent ar ILE NOW!!! FEE IS \$150.00	nd title if applicable. (NOTE: Ri	egistered /	Agent signature req	uired when rein	stating)  9. Election Campaign F	inancing		.00 May Be	
F After	Signature, typed or printed name of registered agent ar		egistered A	Agent signature req	uired when rein		inancing		.00 May Be	
F After	Signature, typed or printed name of registered agent ar ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	State	egistered /	Agent signature req		9. Election Campaign F	inancing on. [	☐ Add	led to Fees	       
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12. I hereby certify that the information supplied with hindicated on this report or supplemental reports in of the corporation or the receiver or trustee employed changed, or on an attachment with an address with is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ered.

STREET ADDRESS CITY-ST-ZIP

NAME

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-7IP