

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90002 042 \*\*\*558.75

012125 AT

**DOCUMENT # 644954**

1. Entity Name  
**ANTILLES FOOD DISTRIBUTORS, INC.**

Principal Place of Business  
**4343 N. FRONTAGE ROAD**  
**LAKELAND FL 33809**  
**US**

Mailing Address  
**P. O. BOX 151536**  
**TAMPA FL 33684**  
**US**

2. Principal Place of Business  
**3025 Whitten Rd.**

3. Mailing Address  
**P.O. Box 151536**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Lakeland, Florida**

City & State  
**Tampa, Florida**

4. FEI Number **59-2013987**

Applied For  
 Not Applicable

Zip Country  
**33811 USA**

Zip Country  
**33864-1536 USA**

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

## 6. Name and Address of Current Registered Agent

**VILLOBOS, JOSE A**  
**2350 CORAL WAY**  
**SUITE 201**  
**MIAMI FL 33145**

## 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PRAT, JORDI JR</b> <b>9337 WELLINGTON PARK CIRCLE</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PRAT, JORDI, SR.</b> <b>8203 MARIGOLD AVE.</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PRAT, JUAN F</b> <b>2236 FLETCHER POINT CIR</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PRAT, ROSA M.</b> <b>9337 WELLINGTON PARK CIRCLE</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Jordi Prat, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/11/01 863-709-8055*  
 Date Daytime Phone #

(1) CR2E034 (5/01)