

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90001 007 ***550.00

DOCUMENT # F00000005372

1. Entity Name,
PHILIP MORRIS LATIN AMERICA FOOD SALES CORPORATION

Principal Place of Business
800 WESTCHESTER AVENUE
RYE BROOK NY 10573

Mailing Address
800 WESTCHESTER AVENUE
RYE BROOK NY 10573

2. Principal Place of Business
THREE LAKES DRIVE

3. Mailing Address
THREE LAKES DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N3E

TAX DEPT. NF15

City & State

City & State

NORTHFIELD, IL

NORTHFIELD, IL

Zip
60093

Country
USA

Zip
60093

Country
USA

4. FEI Number **13-3608693**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$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 **P** ☐ Delete
 NAME **EARLE, FRANKLIN**
 STREET ADDRESS **800 WESTCHESTER AVENUE**
 CITY-ST-ZIP **RYE BROOK NY 10573**

TITLE **VD** ☐ Delete
 NAME **ADAMS, MICHAEL B**
 STREET ADDRESS **800 WESTCHESTER AVENUE**
 CITY-ST-ZIP **RYE BROOK NY 10573**

TITLE **SD** ☐ Delete
 NAME **ADKINS, G. CARLTON**
 STREET ADDRESS **800 WESTCHESTER AVENUE**
 CITY-ST-ZIP **RYE BROOK NY 10573**

TITLE **T** ☐ Delete
 NAME **FLOAM, DENNIS J**
 STREET ADDRESS **800 WESTCHESTER AVENUE**
 CITY-ST-ZIP **RYE BROOK NY 10573**

TITLE **D** ☐ Delete
 NAME **SMITH, OWEN C**
 STREET ADDRESS **800 WESTCHESTER AVENUE**
 CITY-ST-ZIP **RYE BROOK NY 10573**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Ramon Mendiola**
 CITY-ST-ZIP **KF Costa Rica, Parco Empresarial Forum, Edificio C, Tercer Piso, Sta. Ana, Costa Rica**

TITLE ☒ Change ☐ Addition
 NAME **Vice President**
 STREET ADDRESS **Mark Louis Bennington**
 CITY-ST-ZIP **One Alhambra Plaza, Suite 725 Florida 33134**

TITLE ☒ Change ☐ Addition
 NAME **Vice President**
 STREET ADDRESS **Thomas P. Dillon**
 CITY-ST-ZIP **800 Westchester Ave. Rye Brook, NY 10573**

TITLE ☒ Change ☐ Addition
 NAME **Vice President**
 STREET ADDRESS **Augusto Nacarini**
 CITY-ST-ZIP **800 Westchester Ave. Rye Brook, NY 10573**

TITLE ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Antonio Vazquez**
 CITY-ST-ZIP **800 Westchester Ave. Rye Brook, NY 10573**

TITLE ☐ Change ☐ 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 REQUIRED Antonio Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/01

Date

847-646-2053

Daytime Phone #

0132202 AT

CR2034 (5/01)

Attachment



Dr. # F00000005372
BOU2194

Management Corporation
C/O Kraft Foods
Tax Department - NF15
Three Lakes Drive, Northfield, IL 60093-2753

July 26, 2001

FLORIDA SEC'Y OF STATE
ANNUAL REPORTS CALLE
TALLAHASSEE FL 32302

| | | | |
|-----|-----------------|---|-----------------------------|
| RE: | Taxpayer | : | Kraft Foods Caribbean Sales |
| | Fed. I.D. No. | : | 133608693 |
| | Type of Tax | : | Annual Report |
| | Liability Year | : | 2001 |
| | Type of Payment | : | Return |
| | Amount | : | \$ 550.00 |

Gentlemen:

Enclosed herewith is the return and/or payment indicated above for the subject taxpayer.

Very truly yours,

James J. Jay

James J. Jay
Manager - State & Local Tax

Vendor Number: 034354664
MSJ