

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F28288

1. Entity Name

GRACE KENNEDY (U.S.A.) INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90257 038 ***150.00

Principal Place of Business

Mailing Address

4880 SW 152 PLACE
APT H
MIAMI FL 33185
US

POST OFFICE BOX 65-3838
#210
MIAMI FL 33265-3838
US

2. Principal Place of Business

4 FOWLER WHITE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 SE 2ND STREET

City & State

MIAMI, FLORIDA

Zip
33131

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER, WHITE
100 SE 2ND STREET
17TH FLOOR
MIAMI FL 33131

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, 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 ☐ Delete
NAME D
STREET ADDRESS ORANE, DOUGLAS
CITY-ST-ZIP 64 HARBOUR ST
KINGSTON, JAMAICA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WEHBY, DONALD
CITY-ST-ZIP 64 HARBOUR ST
KINSTON JA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS MAHFOOD, JOHN
CITY-ST-ZIP 64 HARBOUR ST
KINGSTON JA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS RECKORD, DERRICK
CITY-ST-ZIP 3714 BRICHWOOD COURT
NO BRUNSWICK NE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS VAN WHERVIN, ANDREW
CITY-ST-ZIP 64 HARBOUR ST
KINGSTON JA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Andrew VanWitervin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/4/00
Date

(305) 477 1498
Daytime Phone #

CR2E034 (9/93)