

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91085 001 ***150.00
04-21-2003 91085 002 *****8.75

DOCUMENT # F28288

1. Entity Name
GRACE KENNEDY (U.S.A.) INC.



Principal Place of Business
%FLOWER WHITE
100 SE 2ND STREET
MIAMI FL 33131
US

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

2. Principal Place of Business
6205 BLUE LAGOON DRIVE
Suite, Apt. #, etc.
SUITE 210

3. Mailing Address
6205 BLUE LAGOON DRIVE
Suite, Apt. #, etc.
SUITE 210

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **59-2373079**

Applied For
Not Applicable

Zip **33126** Country **USA**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORANE, DOUGLAS 64 HARBOUR ST KINGSTON, JAMAICA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEHBY, DONALD 64 HARBOUR ST KINSTON JA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHFOOD, JOHN 64 HARBOUR ST KINGSTON JA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECKORD, DERRICK 3714 BRICHWOOD COURT NO BRUNSWICK NE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN WHERVIN, ANDREW 64 HARBOUR ST KINGSTON JA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P ALEXANDER, EDWARD 6205 BLUE LAGOON DRIVE, SUITE 210 MIAMI, FLORIDA 33126	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEHBY, DONALD 73 HARBOUR STREET KINGSTON, JAMAICA	<input type="checkbox"/> Change <input type="checkbox"/> Addition [ADDRESS CHANGE]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DONALD 73 HARBOUR STREET KINGSTON, JAMAICA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSON, BRIAN 6205 BLUE LAGOON DRIVE, SUITE 210 MIAMI, FLORIDA 33126	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN WHERVIN, ANDREW 39-41 SECOND STREET NEWPORT WEST, KINGSTON, JAMAICA	<input type="checkbox"/> Change <input type="checkbox"/> Addition [ADDRESS CHANGE]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLOMON GREGORY 5255 NW 45th AVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF BRIAN GOLDSON** Date **Apr 17, 2003** Daytime Phone # **786-275-8320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0325068 AV

CR2E034 (10/02)