

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
 03-02-2001 90084 023 \*\*\*150.00

**DOCUMENT # F79443**

1. Entity Name  
**MIAMI QUALITY FOODS, INC.**

Principal Place of Business Mailing Address  
**284 NW 27TH ST 284 NW 27TH ST**  
**MIAMI FL 33127-4122 MIAMI FL 33127-4122**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2191221** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**GARCIA, ORESTES L** Name  
**995 W. 29 ST** Street Address (P.O. Box Number is Not Acceptable)  
**APT. 111**  
**HIALEAH FL 33012** 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AGUILAR, JOSE R</b>		NAME		
STREET ADDRESS	<b>2089 BEIDGE PORT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>		CITY-ST-ZIP		
TITLE	<b>P</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARCIA, ORESTES</b>		NAME		
STREET ADDRESS	<b>995 W 29 STREET APT. 111</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>		CITY-ST-ZIP		
TITLE	<b>SD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AGUILAR, ISRAEL A.</b>		NAME		
STREET ADDRESS	<b>6143 SW 114 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP		
TITLE	<b>TD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TAMBINI, ANA</b>		NAME		
STREET ADDRESS	<b>6800 S W 63 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33143</b>		CITY-ST-ZIP		
TITLE	<b>VP</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GISPERT, AMERICA C</b>		NAME		
STREET ADDRESS	<b>11459 SW 60 LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33173</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GISPERT, JOSEM</b>		NAME		
STREET ADDRESS	<b>11459 SW 60 LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33173</b>		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:  **President** (30) 573-3876  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)