

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G39549

1. Entity Name

MCFOOD MANAGEMENT SERVICES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90178 020 ***150.00

Principal Place of Business

Mailing Address

4961 S.W. 74TH COURT
MIAMI FL 33155

4961 S.W. 74TH COURT
MIAMI FL 33155-4471

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

59-2294101

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

RODRIGUEZ, ANGEL R.
13214 SW 13TH ST.
MIAMI FL 33184

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	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANGEL	
STREET ADDRESS	43214 SW 13TH ST.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, GLADYS V.	
STREET ADDRESS	13214 SW 13TH ST.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALEX C.	
STREET ADDRESS	1459 ROBBIA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33184	
TITLE	AV	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ROY	
STREET ADDRESS	43214 SW 13TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, VIVIAN	
STREET ADDRESS	540 BRICKELL KEY DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ISA	
STREET ADDRESS	1459 ROBBIN AVE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	820 JERONIMO DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	820 JERONIMO DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5941 SW 46TH STREET
CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8891 SW 82ND STREET
CITY-ST-ZIP	MIAMI FL 33173
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)