

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G46473**

1. Entity Name

**L. & L. SPECIALTY FOODS, INC.****FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90225 037 \*\*\*150.00

**C0005864**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address

**350 GOOLSBY BLVD.**  
**5355 TOWN CENTER RD., SUITE 801**  
**DEERFIELD BEACH FL 33442**  
**US**

**350 GOOLSBY BLVD.**  
**5355 TOWN CENTER RD., SUITE 801**  
**DEERFIELD BEACH FL 33442-3005**  
**US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City &amp; State      City &amp; State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2307257**      Not Applicable5. 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**

**ZISKIND & ARVIN, P.A.**  
**444 BRICKELL AVENUE-, STE #905**  
**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)      DATE9. 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      \$5.00 May Be  
Trust Fund Contribution.      Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, LARRY</b>	NAME	
STREET ADDRESS	<b>350 GOOLSBY BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, DONALD</b>	NAME	
STREET ADDRESS	<b>350 GOOLSBY BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, DAVID</b>	NAME	
STREET ADDRESS	<b>350 GOOLSBY BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAINE, STEVEN</b>	NAME	
STREET ADDRESS	<b>350 GOOLSBY BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, DAVID</b>	NAME	
STREET ADDRESS	<b>350 GOOLSBY BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: David Freeman      Date: 1/10/2000      Daytime Phone #: 954 420 0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)