

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90011 024 ***150.00

DOCUMENT # G53208

1. Entity Name

INTERNATIONAL FOODSERVICE EQUIPMENT DISTRIBUTORS

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD.
 SUITE 1100
 CORAL GABLES FL 33134

2121 PONCE DE LEON BLVD.
 SUITE 1100
 CORAL GABLES FL 33134-5213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2255194

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00014470



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAGIN, STEPHEN E
3110 S.E. FINANCIAL CENTER
MIAMI FL 33131-9388

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 **CD**
 STREET ADDRESS **SIMON, WALTER L**
 CITY-ST-ZIP **7300 NW 77 ST. MIAMI FL 33166**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **BLANTON, ROBERT**
 CITY-ST-ZIP **1ST S & 2ND AVE COLUMBIA SC 29290**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **BEAN, NORMAN**
 CITY-ST-ZIP **EDDIE DOWLING HWY., RTE. 146A N. SMITHFIELD RI 02895**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **SINGER, HENRY**
 CITY-ST-ZIP **3030 KUTZTOWN ROAD READING PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HOROWITZ, DENNIS**
 CITY-ST-ZIP **1222 OZARK N. KANSAS CITY MO 64116**

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 reported 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]* **NOT REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 1/25/00 * 305-885-8657
 Date Daytime Phone #