

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90041 046 \*\*\*150.00

**10051804**

**DOCUMENT # G53208**

1. Entity Name  
**INTERNATIONAL FOODSERVICE EQUIPMENT DISTRIBUTORS**

Principal Place of Business      Mailing Address

2121 PONCE DE LEON BLVD.      2121 PONCE DE LEON BLVD.  
 SUITE #1100      SUITE #1100  
 CORAL GABLES, FL 33134      CORAL GABLES, FL 33134-52133

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number      Applied For

59-2255194      Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

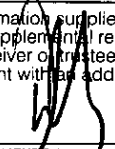
**11. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>SIMON, WALTER L.</b>	
STREET ADDRESS	<b>7300 N.W. 77TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33166</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BLANTON, ROBERT</b>	
STREET ADDRESS	<b>LOT S - 2ND AVENUE</b>	
CITY-ST-ZIP	<b>COLUMBIA, SC 29290</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BEAN, NORMAN</b>	
STREET ADDRESS	<b>EDDIE DOWLING, RTE 146 A</b>	
CITY-ST-ZIP	<b>N. SMITHEFIELD, RI 02895</b>	
TITLE	TB	<input type="checkbox"/> Delete
NAME	<b>SINGER, HENRY</b>	
STREET ADDRESS	<b>3030 KUTZTOWN ROAD</b>	
CITY-ST-ZIP	<b>READING PA</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HOROWITZ, DENNIS</b>	
STREET ADDRESS	<b>1222 OZARK</b>	
CITY-ST-ZIP	<b>N. KANSAS CITY, MO 64116</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: X**  **WALTER SIMON**      **X 4/11/01**      **X 305-895-8651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/1/00)