## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCUMENT # G68475  1. Entity Name  MAYABEQUE FOOD CORP.						FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS			
						OI APP on the	O Bliff.		
Principal Plac	e of Rusiness	Mailing Address				OI APR 30 AM 10	: 50		
Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY									
Sutie 200		SUTIE 200 Miami Fl. 33145							
MIAMI FL 33145	)	MIMMI FL 33143				a reputt esta suisi (Sili Sisil Jesus Sili Sisil Si	EN BIBLI BIBLI BIBL	II 81811 1881	
9 Oringinal B	lace of Business	3. Mailing Address							
•	Coral Way	2300 Coral Way				3 INEXITE DEST ATIEN COLF. BIRIT ESPEC OTEL BIRIT AT	Til Bibil Gibil Bibi	11. M1831 (MM)	
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE		
. Suite		Suite # 200 City & State			4 6	El Number <b>59-2344073</b>		oplied For	
City & State	e Florida	Miami, Florida			4. '	29-2344U/3		ot Applicable	
Zip	Country	Zip	Count	ry	5, (	Certificate of Status Desired	\$8.75 Add		
33145	US OF All and Address of Comments	33145	US		7 8	Name and Address of New Registered	Fee Require		
	6. Name and Address of Current	Registered Agent		Name		taine and Address of New Hegisteres	Agont		
FLORIDA ANNUAL REPORT SERVICES INC.					Street Address (P.O. Box Number is Not Acceptable)				
2300			Street Ac	idiess (i .O. D	ox Hambor to Hot Abdopted by				
SUTI									
MINI	Al FL 33145		Ī	City		F	Zip Code	е	
9 The above	named entity submits this statement for	ox tra purpose of changing its re	egistere	d office or	registered ag	ent, or both, in the State of Florida.			
o. The above	Thanled evilly solutions this statement of	of changing its re	<i>3</i> 9,010.0		, og.o.o. ou ug	. 1	1/20		
SIGNATURE	Sy Hulley				ITERA LO		15/01		
	Signature typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered	Agent signatu	re required when re	einstating)		<u>.</u>	
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  FILE NOW!!! FE  After MAY 1, 2001 Fe						10. Election Campaign Financing		<b>10</b> May Be	
•	requirement and elects to do so.	Make Check Payable				Trust Fund Contribution.	∐ Added	d to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE		A	800004136 -05/04/01-	:8°6:	Addition	
NAME STREET ADDRESS	GUAN, JOSE 2000 PALM AVENUE		NAME	ET ADDRESS	Topic Co. Association			020	
CITY-ST-ZIP	HIALEAH FL			ST-ZIP		****150.00	] *****1	50.00 <sub>.5</sub>	
TITLE	STD	☐ Delete	TITLE		•		☐ Change	☐ Addition	
NAME	GUAN, ANA MARIE		NAME						
STREET ADDRESS CITY-ST-ZIP	2000 PALM AVENUE HIALEAH FL			ET ADDRESS -ST-ZIP					
TITLE	THALLAITE		TITLE	- 1	·-	···	☐ Change	Addition	
NAME			NAME						
STREET ADDRESS				ET ADDRESS -ST-ZIP					
CITY-ST-ZIP		☐ Delete	TITLE		· ·	\ .	☐ Change		
TITLE NAME			NAME		\ \ \	7 <b>a</b> //			
STREET ADDRESS				et address	$\mathcal{M}$	[] a [] []			
CITY-ST-ZIP				ST-ZIP	<del>()-</del> /		Change	Addition	
TITLE NAME		☐ Delete	NAME		7	)	☐ Change	L_1 Addition	
STREET ADDRESS				ET ADDRESS	V				
CITY-ST-ZIP			CITY-	·ST-ZIP					
TITLE		☐ Delete	TITLE	1			Change	☐ Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
13. I hereby	certify that the information supplied with	h this filing does not qualify for t	he exer	nption stat	ed In Section	119.07(3)(i), Florida Statutes. I further of	ertify that the i	nformation	
indicated of the cor	on this report or supplemental report in poration or the received protrustee emp	s true and accurate and that my powered to execute this report a	y signat s requir	ure shall ha red by Cha	ave the same pter 607, Flori	legal effect as if made under oath; that ida Statutes; and that my name appears	i am an officer in Block 11 o	r Block 12 if	
changed	, or on an attachment ##h an address,	with all other like empowered.				1			