

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0254252 AV

DOCUMENT # **G68475**

1. Entity Name
MAYABEQUE FOOD CORP.



FILED
03 APR -9 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2300 CORAL WAY
SUTIE 200
MIAMI FL 33145**

Mailing Address
**2300 CORAL WAY
SUTIE 200
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2344073**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUTIE 200
MIAMI FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE Delete
NAME **PD GUAN, JOSE**
STREET ADDRESS **2000 PALM AVENUE**
CITY-ST-ZIP **HIALEAH FL**

Change Addition
200015773272
04/14/03--01006--036 **150.00

TITLE Delete
NAME **STD GUAN, ANA MARIE**
STREET ADDRESS **2000 PALM AVENUE**
CITY-ST-ZIP **HIALEAH FL**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
ARW/9

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04
Date

Daytime Phone #

CR2E034 (10/02)