

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05214

1. Entity Name

AMERICAN FOOD TRADERS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90271 034 \*\*\*158.75

Principal Place of Business

7925 NW 12TH ST  
STE 229  
MIAMI FL 33126  
US

Mailing Address

7925 NW 12TH ST  
STE 229  
MIAMI FL 33156-2718  
US

2. Principal Place of Business

9300 S. DADELAND BLVD.

3. Mailing Address

9300 S. DADELAND BLVD

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

SUITE 302

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

59-2453728

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLCESE, FEDERICO E  
9760 S W 122ND STREET  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

FEDERICO E. OLCESE

Street Address (P.O. Box Number is Not Acceptable)

10525 SW 112 AVE.

APT. 313

City

MIAMI

FL

Zip Code

33176

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]*

FEDERICO E. OLCESE

PRESIDENT

1/13/00

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	OLCESE, ALEJANDRO	
STREET ADDRESS	6010 N W FIRST PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLCESE, RAQUEL	
STREET ADDRESS	9760 SW 122ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEDERICO E OLCESE	
STREET ADDRESS	9760 SW 122ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7837 NW 50TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10525 SW 112 AVE # 313	
CITY-ST-ZIP	MIAMI, FL 33176	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEDERICO E. OLCESE, PRESIDENT

Date

1/13/00

Daytime Phone #

(305) 670-6250

CR2E034 (9/99)