

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90234 009 \*\*\*150.00

**DOCUMENT # H05214**

1. Entity Name  
**AMERICAN FOOD TRADERS, INC.**



Principal Place of Business  
**9300 S. DADELAND BLVD  
STE 302  
MIAMI FL 33156  
US**

Mailing Address  
**9300 S. DADELAND BLVD  
STE 302  
MIAMI FL 33156  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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

7. Name and Address of New Registered Agent

**OLCESE, FEDERICO E  
10525 SW 112 AVE  
APT 313  
MIAMI FL 33176**

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 **FEDERICO E. OLCESE** **2/4/03**  
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>OLCESE, ALEJANDRO</b>	
STREET ADDRESS	<b>7837 NW 50TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32653</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>OLCESE, RAQUEL</b>	
STREET ADDRESS	<b>9760 SW 122ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>FEDERICO E OLCESE</b>	
STREET ADDRESS	<b>10525 SW 112 AVE #313</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **FEDERICO E. OLCESE** **2/4/03** **305.670.6250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)