

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H49059**

1. Entity Name

**ROUTE SALES, INC.****FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90008 005 \*\*\*158.75

0094845

Principal Place of Business

4245 E. 4TH AVENUE  
HIALEAH FL 33013

Mailing Address

4245 E. 4TH AVENUE  
HIALEAH FL 33013

603771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2519654**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ISAAC, JOHN  
4245 EAST 4TH AVENUE  
HIALEAH FL 33013

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P

ISAAC, JOHN  
4245 E 4TH AVE  
HIALEAH FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S

~~RILEY, JOHN, S~~  
~~4245 E 4TH AVE~~  
~~HIALEAH FL~~☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP

BERNARD, JACK  
4245 E 4TH AVENUE  
HIALEAH FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T-S

KENNEALLY, ROSE  
4245 E 4TH AVENUE  
HIALEAH FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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: *Rose Kenneally*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

954

305-441-3514

CR2E034 (10/00)