

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90095 018 ***150.00

DOCUMENT # K59051

1. Entity Name
INDUSTRIAL FOODSERVICE SALES, INC.

Principal Place of Business Mailing Address
7636 EAGLE PT DR 9600 NW 25 ST STE 6-A
DELRAY FL 33446 MIAMI FL 33172
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
7636 EAGLE PT DR

City & State City & State
DELRAY BEACH, FL.

Zip Country Zip Country
33446 DELRAY BEACH

4. FEI Number 65-0093374 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
PATINO, CARLOS M CORCOS, DORON
4925 SW 140 CT Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33175 7636 EAGLE PT DR
City DELRAY BEACH FL Zip Code 33446

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 DORON CORCOS VD Signature, typed or printed name of registered agent and title if applicable. DATE Apr 15 2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ 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	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORCOS, DORON			NAME			
STREET ADDRESS	7636 EAGLE PT DR			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL 33446			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATINO, CARLOS M.			NAME			
STREET ADDRESS	4925 S.W. 140TH COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORCOS, RACHEL			NAME			
STREET ADDRESS	7636 EAGLE PT DR			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL 33446			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATINO, MARIA F.			NAME			
STREET ADDRESS	4925 SW 140TH COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Apr 15/01 Daytime Phone # 561-638-2437

CR2E034 (10/00)