

2001 UNIFORM BUSINESS REPORT (UBR)

0002344 SP

DOCUMENT # L00000002258

1. Entity Name

A.C. FROZEN DISTRIBUTORS, L.L.C.

FILED

01 MAR 26 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

8550 N.W. 90TH STREET
MEDLEY FL 33166

Mailing Address

8550 N.W. 90TH STREET
MEDLEY FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8055 NW 90th St

3. Mailing Address

8055 NW 90th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, Florida

City & State

Medley, Florida

4. FEI Number

65-0985364

Applied For

Not Applicable

Zip

Country

33166

USA

Zip

Country

33166

USA

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CARMEN

8290 N.W. 166 TERRACE

MIAMI FL 33016

7. Name and Address of New Registered Agent

Name Pedro A. Diaz

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

16137 NW 78 PL.

City Miami Lakes

FL

Zip Code 33016

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

Carmen Diaz

03/06/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE President
NAME Carmen Diaz
STREET ADDRESS 16137 NW 78 Pl.
CITY-ST-ZIP Miami, FL 33016

☐ Delete

TITLE Vice-President
NAME Pedro A. Diaz
STREET ADDRESS 16137 NW 78 Pl.
CITY-ST-ZIP Miami, FL 33016

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TITLE
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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Carmen Diaz

3/7/01

Date

(305) 883-0117

Daytime Phone #

CR2E083 (11/00)