2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -1 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005570

1. Entity Name
TRANSFOOD LLC

Principal Place of Business / Mailing Address
23, Armenias St., Group Alastor, Block A
Office 104, 2003 Strovolos PO Box 6557
Nicosia, Cyprus

2. Principal Place of Business
8, Kennedy Avenue
Suite, Apt. #, etc.
1087 Nicosia, Cyprus
City & State
Zip: CY-1640 Country: Cyprus

3. Mailing Address
Delaware Intercorp, Inc
Suite, Apt. #, etc.
113 Barksdale Professional
City & State
Center, Newark, Delaware
Zip: DE 19711 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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

100004275537--4
-05/22/01--01017--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Emilios Hadjivangeli 8, Kennedy Ave, 1087 Nicosia, P.O. Box 26557, CY-1640, Nicosia, C ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Elena Pastay 8, Kennedy Ave, 1087 Nicosia, P.O. Box 26557, CY-1640, Nicosia, CY ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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] Hadji 04-19-2001 1-302-266-9367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #