Daytime Phone #

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

DOCUMENT # L0000009756  1. Entity Name MEX FOOD INVESTMENTS, LLC					FILED 01 APR 16 PM 2: 42						
Principal Place of Business Mailing Address  1420 S. FIRST STREET 1420 S. FIRST STREE  LAKE CITY FL 32055 LAKE CITY FL 32055					SECRETARY OF STATE TALLAHASSEE. FLORIDA						
	,										
2. Principal P	Place of Business 3.	Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	e	City & State			4. FEI Number Applied For Not Applicable						7
Zip	Country	Zip	Countr	у		icate of Stat			\$5.00 Add	litional	1
	6. Name and Address of Current Regis	stered Agent			7. Name	and Addre	ss of New R	egistered .	Agent		1
				Name							
-	G. DAVID CPA First street	Street Address (			P.O. Box Number is Not Acceptable)						
LAKE CIT	Y FL 32055			City Zip Code							-
		,		Oity				FL	- Zip Cour	<u>-                                      </u>	1
SIGNATURE .	named entity submits this statement for the parameter and title signature, typed or printed name of registered agent and title	if applicable. (NOTE:	Registered /	Agent signature required		ng)	1004	DATE	8645		
		FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of			-04/25/0101114804 ******50.00 *****50.00						
9.	MANAGING MEMBERS/I	MEMBERS	10.				ADDITIONS/	CHANGES			١,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Philip J Moses, JR 1420 S. First 6t. LAKE City, FL	□ Delete 320 25	TITLE NAME STREET CITY-S	ADDRESS IT-ZiP	•				☐ Change	☐ Addition	000 /44 /00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARCE CINY, 1-L	☐ Delete	TITLE NAME STREET	ADORESS IT-ZIP		•			☐ Change	Addition	1000
TITLE  NAME ———  STREET ADDRESS  CITY-ST-ZIP •		□ Delete	TITLE NAME - STREET CITY-S	ADDRESS					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	•				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	Addition	1
11. I hereby of indicated	ertify that the information supplied with this fi on this report is true and accurate and that n bility company or the receiver or trustee emp	ny signature shall have th	he exem le same l	ption stated in Sec egal effect as if ma	ade under	oath; that I	am a manag	further cer ing membe	tify that the in er or manager	formation of the	

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