

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017288 1. Entity Name MASTER FOODS INTERNATIONAL, LLC				 FILED MAY 28 PM 1:33 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9400 SOUTH DADELAND BOULEVARD STE. 600 MIAMI, FL 33156		Mailing Address 9400 SOUTH DADELAND BOULEVARD STE. 600 MIAMI, FL 33156			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0523177	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip		Country		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIFKIN, ELIOT W 9400 SOUTH DADELAND BOULEVARD STE. 600 MIAMI, FL 33156				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____				DATE 5/1/03	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	☐ Delete	TITLE	Mgr. Delp & Cang Investments ☐ Change ☒ Addition		
NAME		NAME	Group, LLC.		
STREET ADDRESS		STREET ADDRESS	9400 S. Dadeland Blvd, Suite 600		
CITY-ST-ZIP		CITY-ST-ZIP	Miami, Florida 33156		
TITLE	☐ Delete	TITLE	200020043702 ☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: _____		Eliot W. Rifkin, Esq. 5/1/03 305 670-9330			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)



CORPORATION SERVICE COMPANY™

L02000017288

ACCOUNT NO. : 072100000032

REFERENCE : 108759 89357A

AUTHORIZATION : *Patricia F.*

COST LIMIT : \$ 80.00

ORDER DATE : May 28, 2003

ORDER TIME : 11:06 AM

ORDER NO. : 108759-005

CUSTOMER NO: 89357A

CUSTOMER: Eliot W. Rifkin, Esq
Eliot W. Rifkin, P.a.
Suite 600
9400 South Dadeland Boulevard
Miami, FL 33156

FILED
03 MAY 28 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MASTER FOODS INTERNATIONAL,
LLC

hpk

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____

RECEIVED
03 MAY 28 AM 11:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA