

2000 UNIFORM BUSINESS REPORT (UBR)APPROVED,
AND
FILED00 MAY -1 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **L97000000192**

Name

M&F FOODS L.C.

Principal Place of Business 725 NW 100TH ROAD SUITE 4 MEDLEY FL 33178	Mailing Address 11725 NW 100TH ROAD SUITE 4 MEDLEY FL 33178-1013
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Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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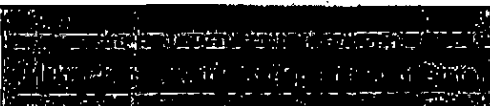
4. FEI Number 65-0729167	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent CONTESSA, PAUL ESQ 15321 SOUTH DIXIE HIGHWAY SUITE 207 MIAMI FL 33157	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
		700003258347--1 -05/18/00--01131--024 *****55.00 *****55.00

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
MGRM ABRANTE, ALBERTO SR 11725 NW 100TH RD, STE 4 MEDLEY FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
MGRM ABRANTE, JOSE SR 11725 NW 100TH RD, STE 4 MEDLEY FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
MGRM ABRANTE, JOSE JR 11725 NW 100TH RD, STE 4 MEDLEY FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
MGRM SERVITJE-MONTULL, LORENZO JR 600 N SHEPHERD DR, STE 511 HOUSTON TX 77007 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	

PAIDCheck # 1608Date 1-12-00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(D), Florida Statutes. I further certify that the information 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 business entity or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.



CR2ED83 (9/99)