

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001523

1. Entity Name

Florida Food Distributors, L.L.C.

Principal Place of Business

675 SW 12 Ave.  
Pompano Beach, FL 33069

Mailing Address

675 SW 12 Ave.  
Pompano Beach, FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 27 PM 11:02

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0901897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Andrew B. Hellinger, Esq.  
200 S. Biscayne Blvd., Suite 2350  
Miami, FL 33131

7. Name and Address of New Registered Agent

Name  
Street Address (Acceptable)  
City FL Zip

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME Harvey Pollak, Mgr./member ☒ Delete  
STREET ADDRESS 675 SW 12 Ave.  
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE NAME Manager/Member ☐ Delete  
STREET ADDRESS Michael J. Tumminello, Jr.  
CITY-ST-ZIP 675 SW 12 Ave.  
Pompano Beach, FL 33069

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003455464-8  
CITY-ST-ZIP -11/07/00-01088-017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

Harvey Pollak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

10/20/00