**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2002 8:00 am Secretary of State DOCUMENT # M01000000951 01-31-2002 90029 046 \*\*\*\*50.00 AHOLD LATIN PRODUCTS, LLC Mailing Address Principal Place of Business 2100 CORAL WAY, STE. 302 2100 CORAL WAY, STE. 302 MIAMI FL 33145 16374 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State *5*2- 23 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 little if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10, 9. ☐ Addition MANA BING Director TITLE Change <u>8</u> TITLE ☐ Delete NAME NAME CR2E083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ■ Addition TITLE NAME\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Addition ☐ Change ☐ Delete TITI F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE PHILADELPHIA PA 19255

DATE OF THIS NOTICE: 05-10-2001 NUMBER OF THIS NOTICE: CP-575-E EMPLOYER IDENTIFICATION NUMBER: 52-2513593 FORM: 55-4--2877421897 Q

CITRINE TECHNIFF BILLIAM TPAGE 81

FOR ASSISTANCE 1-800-829-1040 CALL US AT:

AHOLD LATIN PRODUCTS LLC % AHOLD U S A HOLDINGS INC 2100 CORAL WAY STE 302 MIAMI FL 33145

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

SBF

Thank you for your Form \$5-4, Application for Employer Identification Number (EIN) We assigned you EIN 52-2313593. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this natice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related-correspondence....If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tex exempt, and have not already done so, you should file Form 1823/1824, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tex Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

Keep this part for your records.

CP 575 E (Rev. 1-2:

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or eddress.

CP 575 E

2877421897

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 05-10-2001 EMPLOYER IDENTIFICATION NUMBER: 52-2313593 FORM: SS-4

INTERNAL REVENUE SERVICE PHILADELPHIA PA 19255

AHOLD LATIN PRODUCTS LLC % AHOLD U S A HOLDINGS INC 2100 CORAL WAY STE 302 MIAMI FL : 33145