

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90937 012 \*\*\*150.00

**DOCUMENT # M16922**

1. Entity Name  
**INTERNATIONAL FOOD PACKERS CORP.**



Principal Place of Business  
**7095 S.W. 47TH ST.  
MIAMI FL 33155**

Mailing Address  
**7095 S.W. 47TH ST.  
MIAMI FL 33155**

2. Principal Place of Business

**4691 SW 71st Avenue**  
Suite, Apt. #, etc.

3. Mailing Address

**4691 SW 71st Avenue**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33155**

Country  
**Dade**

Zip  
**33155**

Country  
**Dade**

4. FEI Number **59-2582656**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
1500 EDWARD BALL BUILDING  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME **P SPRADLING, RICHARD D** ☐ Delete  
STREET ADDRESS **7095 S.W. 47TH ST.**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **Secretary Maggie Valerio** ☐ Change ☒ Addition  
STREET ADDRESS **4691 SW 71 Avenue**  
CITY-ST-ZIP **Miami, Fla. 33155**

TITLE  
NAME **President Richard D. Spradling** ☒ Change ☐ Addition  
STREET ADDRESS **4691 SW 71 Avenue**  
CITY-ST-ZIP **Miami, Fla. 33155**

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

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

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

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

12. I hereby certify that the information supplied in 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, in all other like empowered.

SIGNATURE:

**SIGNATURE** **Maggie Valerio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/03**

Date

**3056691662**

Daytime Phone #

CR2E034 (10/02)