

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91342 003 ***150.00

DOCUMENT # M21769

1. Entity Name

CUBANITA FROZEN FOODS CORP.

Principal Place of Business

Mailing Address

2222 N.W. 21 TERRACE
 MIAMI, FL 33142

~~2222 N.W. 21 TERRACE~~
 MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8404 S.W. 40 ST.

Suite, Apt. #, etc.

City & State

City & State
 MIAMI, FL

4. FEI Number

59-2608508

Applied For

Not Applicable

Zip

Country

Zip

33155

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00054348

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VALDESS, DAGOBERTO~~
~~8404 S.W. 40TH ST.~~
~~MIAMI, FL 33155~~

Name

FELIX BARBOZA

Street Address (P.O. Box Number is Not Acceptable)

4055 S.W. 111 AVE.

City

MIAMI FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/26/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	BARBOZA, FELIX M.	4055 S.W. 111 AVE.	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	MIAMI FL							
SD	BARBOZA, MARIA M.	4055 S.W. 111 AVE.	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	MIAMI FL							
VPD	BARBOZA, DANIEL	4055 S.W. 111 AVE.	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	MIAMI, FL							
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Felix M Barboza* Felix M. Barboza 04/26/01 (305)635-4011