


# 2001 UNIFORM BUSINESS REPORT (UBR)

0032429 SP

<b>DOCUMENT # M99000002035</b>			
1. Entity Name <b>SYSCO FOOD SERVICES OF SOUTHEAST FLORIDA, LLC</b>			
Principal Place of Business <b>1999 HIGHWAY 710 RIVIERA BEACH FL 33404</b>		Mailing Address <b>1999 HIGHWAY 710 RIVIERA BEACH FL 33404</b>	
2. Principal Place of Business <b>SA</b>		3. Mailing Address <b>P.O. Box 198509</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Riviera Beach, FL</b>	
Zip	Country	Zip <b>33419</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
		<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b>	
9. MANAGING MEMBERS/MEMBERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SYSCO CORPORATION 1390 ENCLAVE PARKWAY HOUSTON TX 77077-2099</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERKE, KENT R 4813 CEDAR STREET BELLAIRE TX 77401</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DECK, WALTER S 183 SATINWOOD LANE PALM BEACH GARDENS FL 33410</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DUNCAN, O W 313 WORTHING LANE MCDONOUGH GA 30253</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700003602897--8</b> <b>01/30/01--01/32--022</b> <b>*****55.00 *****55.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Walter S. Deck</u> 1/17/01 561-882-2100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

**FILED**  
**01 JAN 25 AM 10:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)