

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91339 008 ****61.25

DOCUMENT # N06714

1. Entity Name

FLORIDA FOOD FOR ALL INC.



Principal Place of Business

**3220 VIRGINIA STREET
MIAMI FL 33133**

Mailing Address

**3220 VIRGINIA STREET
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2704575**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRADMAN, HEYWARD A
10821 S.W. 71ST STREET
MIAMI FL 33157**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MADURI, OSCAR	
STREET ADDRESS	3220 VIRGINIA STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, DOUGLAS	
STREET ADDRESS	3220 VIRGINIA STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SCHURGER, NANCY	
STREET ADDRESS	3220 VIRGINIA STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERGIO, HARI	
STREET ADDRESS	3220 VIRGINIA ST.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENAVENTE, JULIO	
STREET ADDRESS	3220 VIRGINIA ST.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beal, Jeffrey	
STREET ADDRESS	3220 Virginia Street,	
CITY-ST-ZIP	Miami, FL. 33133	
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hayes, Douglas	
STREET ADDRESS	3220 Virginia Street	
CITY-ST-ZIP	Miami, FL. 33133	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catalano, Gustavo C.	
STREET ADDRESS	3220 Virginia Street	
CITY-ST-ZIP	Miami, FL. 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF Jeffrey Beal 4/21/03 (305) 445-8689

CR2E037 (10/02)