

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41788

1. Entity Name

FEED THE HUNGRY, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90099 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5850 NW 32ND AVE  
MIAMI FL 33142-2117  
US

5850 NW 32ND AVE  
MIAMI FL 33142-2117  
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, WILLIAM J.  
ONE BISCAYNE TOWER  
TWO SOUTH BISCAYNE BLVD. SUITE 2500  
MIAMI FL 33131

Name

Lolita ADA

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

5850 NW 32nd Ave

City

Miami

FL

Zip Code

33142

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

*Lolita ADA*

7-6-00

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME ADAIR, MICHAEL R. C.P.A.  
STREET ADDRESS 10235 WEST SAMPLE ROAD  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 100 W. Cypress Creek RD 1045  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE D ☐ Delete  
NAME GRAY, WILLIAM J. ESQUIRE  
STREET ADDRESS TWO S. BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
NAME MYERS, VAN  
STREET ADDRESS 5850 N.W. 3RD AVENUE  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
NAME HAMASAKI, DUCO  
STREET ADDRESS 5850 NW 32ND AVE  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☒ Delete  
NAME MOORE, A.D.  
STREET ADDRESS 5850 NW 32ND AVENUE  
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME SUSAN HARTMAN  
STREET ADDRESS 1111 LINCOLN RD #870  
CITY-ST-ZIP Miami Beach, FL 33139

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:

*Susan Hartman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00

Date

(305) 633-9861

Daytime Phone #

C-2E037 (9/99)