

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90003 034 ****61.25

DOCUMENT # N41788

1. Entity Name

FEED THE HUNGRY, INC.

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

ALLENDE, MANUEL
5850 NW 32ND AVE
MIAMI FL 33142

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ADAIR, MICHAEL R. C.P.A. 100 W CYPRESS CREEK RD #1045 FORT LAUDERDALE FL 33309	<input type="checkbox"/>	EXECUTIVE DIRECTOR MANUEL ALLENDE 5850 NW 32 AVE MIAMI, FL 33142	<input type="checkbox"/>
D MYERS, VAN 5850 N.W. 3RD AVENUE MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
D HAMASAKI, DUCO 5850 NW 32ND AVE MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
D HANTMAN, SUSAN 1111 LINCOLN RD #870 MIAMI BEACH FL 33139	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: MANUEL ALLENDE REQUIRED *[Signature]* 8/29/02 (JWR) 633 9861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)