

-2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N41797**

1. Entity Name

FEED THE HUNGRY OF SOUTH FLORIDA, INC.*R***FILED**
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90099 017 ****61.25

Principal Place of Business

5850 NW 32ND AVE
MIAMI FL 33142-2117
US

Mailing Address

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**GRAY, WILLIAM J.
ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD. SUITE 2500
MIAMI FL 33131**7. Name and Address of New Registered Agent**

Name

Lolita AOA

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 AOA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-6-00

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**TITLE **D** ☐ Delete
NAME **ADAIR, MICHAEL R. C.P.A.**
STREET ADDRESS **10235 WEST SAMPLE ROAD**
CITY-ST-ZIP **CORAL SPRINGS FL**TITLE **D** ☒ Delete
NAME **GRAY, WILLIAM J. ESQUIRE**
STREET ADDRESS **TWO SOUTH BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☐ Delete
NAME **MYERS, VAN**
STREET ADDRESS **5850 N.W. 3RD AVENUE**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☐ Delete
NAME **HAMASAKI, DUCO DR**
STREET ADDRESS **5850 NW 32ND AVE**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☒ Delete
NAME **MOORE, A.D.**
STREET ADDRESS **5850 NW 32ND AVENUE**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **100 W. Cypress Creek RD 1045**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**TITLE **D** ☐ Change ☒ Addition
NAME **Susan R. Hartman**
STREET ADDRESS **5850 NW 32nd Ave**
CITY-ST-ZIP **Miami, FL 33142**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **Susan Hartman**
STREET ADDRESS **5850 NW 32nd Ave**
CITY-ST-ZIP **Miami, FL 33142**

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 R. Hartman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00

Date

(305) 633-9861

Daytime Phone #

CF2 0017 03/99