

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90976 038 \*\*\*150.00

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DOCUMENT # P00000006861

1. Entity Name

KING FOOD DISTRIBUTORS, INC.

Principal Place of Business

9572 S.W. 57TH STREET  
MIAMI FL 33173

Mailing Address

9572 S.W. 57TH STREET  
MIAMI FL 33173

2. Principal Place of Business

181 N.W. 97 AVENUE

3. Mailing Address

181 N.W. 97 AVENUE

Suite, Apt. #, etc.

SUITE 108

Suite, Apt. #, etc.

SUITE 108

City &amp; State

MIAMI, FL 33172

City &amp; State

MIAMI, FL 33172

Zip

Country

Zip

Country

4. FEI Number

65-0982593

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GALLO, CARMEN M

9572 S.W. 57TH STREET

MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

NORBERTO CERVANTES

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

181 N.W. 97 AVENUE

SUITE 108

City

MIAMI

FL

Zip Code  
33172

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐ ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP ☒ Delete  
 NAME CASTRO, SEBASTIAO R  
 STREET ADDRESS 9572 SW 57 ST  
 CITY-ST-ZIP MIAMI FL 33173

TITLE P ☐ Delete  
 NAME CERVANTES, NORBERTO  
 STREET ADDRESS 9572 SW 57 ST  
 CITY-ST-ZIP MIAMI FL 33173

TITLE T ☒ Delete  
 NAME NETO, ANTAO E SILVA  
 STREET ADDRESS 9572 SW 57 ST  
 CITY-ST-ZIP MIAMI FL 33173

TITLE S ☒ Delete  
 NAME LEITE, ARNALDO ROCHA  
 STREET ADDRESS 9572 SW 57 ST  
 CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PS ☒ Change ☐ Addition  
 NAME CERVANTES, NORBERTO  
 STREET ADDRESS 181 N.W. 97 AVENUE, SUITE 108  
 CITY-ST-ZIP MIAMI, FL 33172

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

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

TITLE T ☐ Change ☒ Addition  
 NAME EGAS, JOAO C.  
 STREET ADDRESS 111 SHORE DR. WEST  
 CITY-ST-ZIP MIAMI, FL 33133

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*NORBERTO CERVANTES*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERTO CERVANTES

02/21/02 (305) 551-8344

Date

Daytime Phone #

CR2E034 (9/01)