

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90781 016 ***150.00

0292500 AV

DOCUMENT # P00000006861

1. Entity Name
KING FOOD DISTRIBUTORS, INC.



Principal Place of Business
**181 N.W. 97 AVE 8430 N.W. 68 ST.
STE 108 SUITE #4
MIAMI FL 33172 MIAMI, FL 33166**

Mailing Address
**181 N.W. 97 AVE 8430 N.W. 68 ST.
STE 108 SUITE #4
MIAMI FL 33172 MIAMI, FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0982593**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CERVANTES, NORBERTO
181 N.W. 97 AVE.
STE 108
MIAMI FL 33172**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PS CERVANTES, NORBERTO**
STREET ADDRESS **181 N.W. 97 AVE, STE 108**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME **PD CERVANTES, NORBERTO**
STREET ADDRESS **181 N.W. 97 AVE. STE. 108**
CITY-ST-ZIP **MIAMI, FL 33172**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **VP/S/D JOAO CARVALHO SILVA**
STREET ADDRESS **15440 S.W. 99 LANE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

attachment

P00000006861

0292509 AV

DOCUMENT # P00000006861

1. Entity Name

KING FOOD DISTRIBUTORS, INC.



Principal Place of Business

181 N.W. 97 AVE 8430 N.W. 68 ST.
STE 108 SUITE #4
MIAMI FL 33172 MIAMI, FL 33166

Mailing Address

181 N.W. 97 AVE 8430 N.W. 68 ST.
STE 108 SUITE #4
MIAMI FL 33172 MIAMI, FL 33166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0982593

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERVANTES, NORBERTO

181 N.W. 97 AVE.

STE 108

MIAMI FL 33172

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME CERVANTES, NORBERTO
STREET ADDRESS 181 N.W. 97 AVE, STE 108
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE PD
NAME CERVANTES, NORBERTO
STREET ADDRESS 181 N.W. 97 AVE. STE. 108
CITY-ST-ZIP MIAMI, FL 33172 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP/S/D
NAME JOAO CARVALHO SILVA
STREET ADDRESS 15440 S.W. 99 LANE
CITY-ST-ZIP MIAMI, FL 33196 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E0311002