2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000006861

	003 FOR PROFIFORM BUSIN			May 01, 2003 8:00 am
DOCUMENT # P0000006861 1. Entity Name KING FOOD DISTRIBUTORS, INC.				Secretary of State 05-01-2003 90781 016 ***150.00
	te of Business NE 8430 N.W. 68 ST. SUITE #4 72 MIAMI, FL 33166	8TE-108 SU	30 N.W. 68 ST. ITE #4 AMI, FL 33166	
2. Principal P	Place of Business	3. Mailing Address		L 10011004 THE DOLLY BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat	e	City & State		4. FEI Number 65-0982593 Applied For Not Applicable
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curren	t Registered Agent	1	7- Name and Address of New Registered Agent
···			=Name	
CERVANTI 181 N.W.	es, norberto 97 ave.		Street Addres	s (P.O. Box Number is Not Acceptable)
STE 108				
MIAMI FL.	33172		City	FL Zip Code
	named entity submits this statement tions of registered agent.	for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating} DATE
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS ANI	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
2	PS CERVANTES, NORBERTO 181 N.W. 97 AVE, STE 108 MIAMI FL 33172	☐ Delete	NAME C STREET ADDRESS 1	D Change Addition Change Addition Change Addition Change C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EGAS, JOAO C 111 SHORE DR. WEST MIAMI FL 33133	☐ Delete	NAME STREET ADDRESS 1	ITAMI, FL 33172 Change Addition GAS, JOAO C. 11 SHORE DR. WEST HAMI, FL 33133
TITLE NAME		☐ Delete	NAME J	P/S/D Change Addition COAO CARVALHO SILVA
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 1	5440 S.W. 99 LANE IIAMI, FL 33196
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

of the corporation or the receiver or trustee emporchanged, or on an attachment with an address

wered to execute the with all other like emp

FILED

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2003 FOR PROFIT CORPORAT UNIFORM BUSINESS REPORT (UBR)

P00000006861 DOCUMENT #

1. Entity Name

KING FOOD DISTRIBUTORS, INC.



P0000000 686,

Principal Place of Business Mailing Address 18T N.W. 97 AVE 8430 N.W. 68 ST. 8430 N.W. 68 ST. 101-N.W.-97-AVE STE-108 STE TOB SUITE #4 SUITE #4 MIAMI FL 33172 MAMI FE 33172 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4: FEI Number Applied For 65-0982593 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CERVANTES, NORBERTO Street Address (P.O. Box Number is Not Acceptable) 181 N.W. 97 AVE. **STE 108** MIAMI FL 33172 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Chance Addition TITLE CERVANTES, NORBERTO 181 N.W. 97 AVE. STE. 108 CERVANTES, NORBERTO NAME 113 M. 181 N.W. 97 AVE, STE 108 STREET ADDRESS STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP TD TITLE Delete TITLE Change Addition EGAS, JOAO C. NAME CAME EGAS, JOAO C 111 SHORE DR. WEST STREET ADDRESS STREET ADDRESS 111 SHORE DR. WEST MIAMI, FL 33133 CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP VP/S/D Celete ☐ Change Addition TITLE TITLE NAME JOAO CARVALHO SILVA STREET ADDRESS 15440 S.W. 99 LANE MIAMI, FL 33196 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

The base exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an officer or director feebru as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if were a section of the same legal effects as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if were a section of the same legal effects. 12. Thereby certify that the information supplied with th filing does not qual indicated on this report or supplemental report is of the corporation or the receiver or trustee empore vered to execute with all other like changed, or on an attachment with an address

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE MAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition