

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000014044**

1. Entity Name

**VALENCIA FOOD CORP.****FILED****Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90003 019 \*\*\*150.00

Principal Place of Business

**15401 S.W. 137TH AVE  
BAY #27  
MIAMI FL**

Mailing Address

**15401 S.W. 137TH AVE  
BAY #27  
MIAMI FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15461 SW 137ave**

3. Mailing Address

**15461 SW 137ave**

Suite, Apt. #, etc.

**BAY 27**

Suite, Apt. #, etc.

**BAY 27**

City &amp; State

**MIAMI, FL**

City &amp; State

**MIAMI**

Zip

**33177**

Country

**US**

Zip

**33177**

Country

**US**

4. FEI Number

**65-09833 86**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANGELO  
3616 S.W. 57TH AVENUE  
MIAMI FL 33155**

7. Name and Address of New Registered Agent

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

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, 2001 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 **D** ☐ Delete  
NAME **RODRIGUEZ, ANGELO G**  
STREET ADDRESS **3616 S.W. 57TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33155**TITLE **D** ☐ Delete  
NAME **RODRIGUEZ, YAMILET**  
STREET ADDRESS **3616 S.W. 57TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33155**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6830 SUNRISE PLACE**  
CITY-ST-ZIP **CORAL GABLES, FL 33133**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6830 SUNRISE PLACE**  
CITY-ST-ZIP **CORAL GABLES, FL 33133**TITLE ☐ Change ☐ Addition  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)