

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90137 009 ***158.75

DOCUMENT # P00000020020

1. Entity Name
INTERNATIONAL FOOD'S DISTRIBUTOR INC.

Principal Place of Business

4665 SW 34 TH TERRAS
DANIA FL 33312
US

Mailing Address

4665 SW 34 TH TERRAS
DANIA FL 33312
US

2. Principal Place of Business

3. Mailing Address

20404 NE 15CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH MIAMI FL

Zip

Country

Zip

Country

33179

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANZ, DANIEL F P
4665 SW 34 TERRAS
DANIA FL 33312

Name

EDUARDO SANZ

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

4665 SW 34th TERRAS

City

DANIA

FL

Zip Code

33312

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

02-01-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SANZ, DANIEL F P	
STREET ADDRESS	4665 SW 34 TH TERRAS	
CITY-ST-ZIP	DANIA FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL SANZ	
STREET ADDRESS	5871 SW 36CT #101	
CITY-ST-ZIP	DAVIE FL 33179	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO SANZ	
STREET ADDRESS	4665 SW 34TH TERRAS	
CITY-ST-ZIP	DANIA FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)