

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033134

1. Entity Name
INTERNATIONAL KITCHEN DISTRIBUTORS, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90140 014 ***150.00

Principal Place of Business Mailing Address
4800 N. FEDERAL HWY., STE. 100-D 4800 N. FEDERAL HWY., STE. 100-D
BOCA RATON FL 33431 BOCA RATON FL 33431

2. Principal Place of Business 3. Mailing Address
7500 N.W. 41st St. 7500 N.W. 41st St.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
113 113
Miami FL Miami FL

Zip Country Zip Country
33166 Dade 33166 Dade

4. FEI Number Applied For
65 1054234 Not Applicable

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

SIGALOS, GEORGE L ESQ.
SIMON, SIGALOS & SPYREDES, P.A.
4800 N. FEDERAL HWY., STE. 100-D
BOCA RATON FL 33431

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 George L. Sigalos, Esq. (NOTE: Registered Agent signature required when reinstating) DATE 1/8/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS Alvaro Beltran Cuellar
CITY-ST-ZIP 7500 N.W. 41st St., Ste. 113
Miami FL 33166

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Alvaro Beltran Cuellar
CITY-ST-ZIP 7500 N.W. 41st St., Ste. 113
Miami FL 33166

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Constanza Arzaye Hincapie
CITY-ST-ZIP 7500 N.W. 41st St., Ste 113
Miami FL 33166

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Constanza Arzaye Hincapie
CITY-ST-ZIP 7500 N.W. 41st St., Ste. 113
Miami FL 33166

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS Ted Platon
CITY-ST-ZIP 7500 N.W. 41st St., Suite 113
Miami FL 33166

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Ted Platon
CITY-ST-ZIP 7500 N.W. 41st St., Ste 113
Miami FL 33166

TITLE ☐ Delete
NAME Treasurer
STREET ADDRESS Ted Platon
CITY-ST-ZIP 7500 N.W. 41st St., Suite 113
Miami FL 33166

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted PLATON

24 APR 01

(305) 513 0066

Date

Daytime Phone #

CR2E034 (10/00)