## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000033134

INTERNATIONAL KITCHEN DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

4<del>900 N. Fed</del>eral Hwy., Ste. 100-d-Boca-raton fl-89491

72. Principal Place of Business

4800 N. FEDERAL HWY.. STE. 100-D

41st\_St

BOCA-RATON-FL-93491

3. Mailing Address 7500 N.W.

Suite, Apt. #, etc.

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

05-04-2001 90140 014 \*\*\*150.00

OUDITION



DO NOT WRITE IN THIS SPACE

City & State	e		Cify & State			4. 1	FEI Number		Ap	plied For	1	
Miam	i FL		Miami FL				65-1054234		No	t Applicable		
Zip Country Zip			Zip	Coun	try	į.	5 Certificate of Status Desired S8.75 Additional					
33166 <u>Dade</u> 33166				Dad	le	<b>"</b> . '	Fee Required					
	6. Name and	Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent							
•					Name						ĺ	
SIGALOS, GEORGE L ESQ.					Street Address (P.O. Box Number is Not Acceptable)							
SIMON, SIGALOS & SPYREDES, P.A.					all our realists (1.0. box realists is not recopitately							
4800	N. FEDERAL H	fwy., ste. 100-d									ĺ	
BOCA RATON FL 33431					0::			1	7:0:1			
					City			FL	Zip Code	<b>3</b>	l	
8 The above	named entity sub	mits this statement for t	he purpose of changing its	registere	ed office o	r registered ag	ent, or both, in the State of Florida				l	
v. mo aboro	married entity bas	/7 -	The purpose of origing no	. 09.0.0.			V: U.S.				l	
							11010	i			l	
SIGNATURE .	Giggature_typed or prin	ted name of registered least and	Title if applicable. (NOTE	: Registered	d Agent signat	ure required when re	einstating)	DATE			İ	
			ļ —		10.0450						ļ	
<ol> <li>This corporation is eligible to satisfy its intangible         Tax filing requirement and elects to do so.     </li> <li>Tax filing requirement and elects to do so.</li> </ol>							10. Election Campaign Financing \$5.00 May Be				l	
_	ria on back)		After MAY 1, 2001 Fee to Make Check Payable to De			Trust Fund Contribution.	. Added to Fees			l		
<u> </u>		OFFICERS AND D	<u> </u>	12.	P		L DITIONS/CHANGES TO OFFICE	DC AND D	IDECTOR	2 INI 11	l	
11.				TITLE		l AL	DIFFONS/CHANGES TO OFFICE		Change	Addition	ć	
TITLE NAME	President					Direct	_	_ criange	K Monthon	2/01		
STREET ADDRESS	Alvaro Beitran Cuellar					Alvaro	Beltran Cuella	ar		i.		
7500 N.W. 41st St., Ste. 113					ET ADDRESS -ST-ZIP		N.W. 41st St.,	Ste.	113		ć	
TITLE			☐ Delete	TITLE			FL 331-66		Change	Addition	Š	
NAME	Vice President Delete Constanza Arzaye Hincapie					Direct				A-A	(	
STREET ADDRESS	DRESS				ET ADDRESS		nzxa Arzaye Hi					
CITY-ST-ZIP	7500 N.	W. 41st St FL 33166	., Ste 113	CITY	-ST-ZIP		N.W. 41st St.,	Ste.	113			
TITLE			☐ Delete	TITLE		Direct	FL-33166		Change	☐ Addition		
NAME	Secreta  Ted Pla			NAM	:	Ted Pl						
STREET ADDRESS			· Suita 113	STRE	ET ADDRESS		N.W. 41st St.,	Ste 1	13			
CITY-ST-ZIP	7500 N.W. 41st St., Suite 113						FL 33166					
TITLE	Treasur		☐ Delete	TITLE			•		Change	☐ Addition		
NAME	Ted Pla	ton		NAME								
STREET ADDRESS	7500 N.	W. 41st St	., Suite 113	STRE	ET ADDRESS							
CITY-ST-ZIP	Miami	<u>т 22100</u>		CITY-	·ST-ZIP							
TITLE			☐ Delete	TITLE					_ Change	Addition		
NAME				NAME								
STREET ADDRESS CITY-ST-ZIP					et address • St-Zip							
			, man	-							1	
TITLE			☐ Delete	TITLE					Change	☐ Addition		
name Street address				NAME STREE	: Et address							
CITY-ST-ZIP					ST-ZIP					ļ		
<u>)</u>	eartifu that the infa	rmation cumplied with th	ie filing door not qualify for			ad in Costion	110 07/2Vi) Elorido Statutas 15	that cortife	that tha i-	tormation		
indicated	on this report or s	upplemental report is tr	ue and accurate and that m	y signat	ure shall h	ave the same	legal effect as if made under oath	that I am	an officer	or director		
or the corr changed,	poration or the red or on an attachm	ent with an address, wit	erea to execute this report a h all other like empowered.	ıs requir	ea by Cha	ipter 607, Flori	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes; and that my name ap	pears in B	JOCK 11 Or	BIOCK 12 If	l	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 APROI

(305) 513<sub>2</sub>

Daytime Phone #

CR2E034 (10/0