

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90037 043 ***150.00

DOCUMENT # P00000033134

1. Entity Name
International Kitchen Distributors, Inc. ✓
7500 NW 41 Street, Suite 101
Miami, Florida 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7500 NW 41 Street Suite, Apt. #, etc. Suite 101 City & State Miami, Florida Zip 33166	3. Mailing Address 7500 NW 41 Street Suite, Apt. #, etc. Suite 101 City & State Miami, Florida Zip 33166
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4. FEI Number
65-1054234

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Disney D. Thompson, Esq.
Street Address (P.O. Box Number is Not Acceptable)
169 East Flagler Street, Suite 1527
City
Miami FL Zip Code
33137

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

01-19-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	Pres/D/7 Alvaro Beltran 7500 NW 41 Street, Suite 101 Miami, Florida 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D/S Melba C. Arzayus 7500 NW 41 Street, Suite 101 Miami, Florida 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvaro Beltran, President

01/19/02 (786)331-0422

Date

Daytime Phone #

CR2E034B (12/01)