

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State

02-03-2001 90301 003 ***150.00

DOCUMENT # P00000040017

1. Entity Name ARUBA FOOD SERVICE INC.

Principal Place of Business 2502 STATE ROAD SEVEN HOLLYWOOD FL 33021 Mailing Address 2502 STATE ROAD SEVEN HOLLYWOOD FL 33021

LUU16398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4840 Lake Worth Rd Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State Green Acres City & State

4. FEI Number 65-1051146 Applied For Not Applicable

Zip Country USA 33463 Country

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

BARTRA, GUSTAVO 2502 STATE ROAD SEVEN HOLLYWOOD FL 33021

Name Gustavo Bartra Street Address 901 Ponce de Leon Blvd #606 City Coral Gables FL Zip Code 33134

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] DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 PD NAME BARTRA, GUSTAVO STREET ADDRESS 2502 STATE ROAD SEVEN CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE NAME Change Addition STREET ADDRESS 6540 W Atlantic Blvd CITY-ST-ZIP Margate FL 33063

TITLE SD NAME BARTRA, GUSTAVO JR STREET ADDRESS 2502 STATE ROAD SEVEN CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE NAME Change Addition STREET ADDRESS 6540 W Atlantic Blvd CITY-ST-ZIP MARGATE FL 33063

TITLE NAME Delete STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition 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...

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

010/367

CR2E034 (10/00)