

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90032 010 \*\*\*150.00

**DOCUMENT # P00000042225**

1. Entity Name

**INTERNATIONAL FLAVOR FOOD DISTRIBUTORS, INC.**

Principal Place of Business

**9940 S.W. 47 STREET  
 MIAMI FL 33165**

Mailing Address

**9940 S.W. 47 STREET  
 MIAMI FL 33165**

2. Principal Place of Business

**5423 NW, 74 AVE**

3. Mailing Address

**5423 NW, 74 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-1014097**

Applied For

Not Applicable

Zip

**33166**

Country

**MIAMI DADE**

Zip

**33166**

Country

**MIAMI DADE**

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, ARMANDO  
 9940 S.W. 47 STREET  
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

**MARILYN PADRON**

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

**2405 SW. 129 COURT**

City

**MIAMI, FLORIDA**

FL

Zip Code

**33195**

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

*Marilyn Padron* (MARILYN PADRON)

**2-5-2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PD** ☐ Delete  
 NAME **PEREZ, ARMANDO**  
 STREET ADDRESS **9940 S.W. 47 STREET**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **STD**  
 NAME **MARILYN PADRON**  
 STREET ADDRESS **2405 SW. 129 COURT**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33195**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

*Marilyn Padron* (Secretary)

**2-05-2001**

**(305)**

**553-3288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)