

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91164 028 ***150.00

DOCUMENT # P00000071864

1. Entity Name:
 Ultimate Foods Corp.

Principal Place of Business

Mailing Address

848 Brickell Ave #605
 Miami, FL 33131

848 Brickell Ave #605
 Miami, FL 33131

771023

2. Principal Place of Business

3. Mailing Address

848 Brickell Ave

848 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

605

605

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

33131

4. FEI Number

65-1026952

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Garcia, David A
 5025 Collins Ave #102
 Miami Beach, FL 33140

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

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!!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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	<input type="checkbox"/> Delete
NAME	Garcia, Roberto J	
STREET ADDRESS	5025 Collins Ave #102	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Garcia, David A	
STREET ADDRESS	5025 Collins Ave #102	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Atkinson, Iris B	
STREET ADDRESS	125 S.W. 104th St	
CITY-ST-ZIP	Miami, FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for 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:

Robert J. Garcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01 (305) 424-1111
 Date Daytime Phone #

CR2E034 (11/00)