

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90689 034 ***150.00

0297570 AV

DOCUMENT # P00000075580

1. Entity Name
DELIGHT FOOD DISTRIBUTORS, INC.

Principal Place of Business

**14354 SW 96 TERR
MIAMI FL 33186-8851**

Mailing Address

**14354 SW 96 TERR
MIAMI FL 33186-8851**

2. Principal Place of Business

10501 SW 108 Ave.

Suite, Apt. #, etc.

210

City & State

Miami, FL

Zip

33176

Country

Miami-Pade

3. Mailing Address

10501 SW 108 Ave

Suite, Apt. #, etc.

210

City & State

Miami, FL

Zip

33176

Country

4. FEI Number

65-1116470

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

**LEIDECKER, FREDERICK
9360 SW 102 CT
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **Frederick Leidecker**

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

10501 SW 108 Ave, Suite 210

City **Miami, FL**

FL

Zip Code **33176**

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

[Signature]

4-02-02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LEIDECKER, FREDERICK	
STREET ADDRESS	14354 SW 96 TERR	
CITY-ST-ZIP	MIAMI FL 33186-8851	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CRISTANCHO, JORGE E	
STREET ADDRESS	CARRERA 73A NO. 70-32	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10501 SW 108 Ave. Suite 210	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-02

Date

305-412-5039

Daytime Phone #

CR2E034 (9/01)