

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092304

1. Entity Name

BEST FOODS DISTRIBUTION, INC.

Principal Place of Business

1307 GULFSTREAM CIRCLE - APT 102
BRANDON FL 33511

Mailing Address

1307 GULFSTREAM CIRCLE - APT 102
BRANDON FL 33511

2. Principal Place of Business

816 Bayou View Dr
Suite, Apt. #, etc.

3. Mailing Address

816 Bayou View Dr
Suite, Apt. #, etc.

City & State

BRANDON FLA

City & State

BRANDON FLA

Zip

33510

Country

USA

Zip

33510

Country

USA

4. FEI Number

593680983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARSHID, FUAD
1307 GULFSTREAM CIRCLE - APT 102
BRANDON FL 33511

7. Name and Address of New Registered Agent

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!!! 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 P ☐ Delete
NAME FARSHID, FUAD
STREET ADDRESS 1307 GULFSTREAM CIRCLE - APT 102
CITY-ST-ZIP BRANDON FL 33511

TITLE V ☐ Delete
NAME BEHR-FARSHID, JEAN
STREET ADDRESS 1307 GULFSTREAM CIRCLE - APT 102
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
STREET ADDRESS
CITY-ST-ZIP

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FUAD FARSHID

Date

4/23/01

Daytime Phone #

813-758-5110

00042596



DO NOT WRITE IN THIS SPACE

0333558

CR2E034 (10/00)