

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

ATX1

<b>DOCUMENT #</b>	P00000102361
<b>1. Entity Name</b>	
US Food Enterprises Inc	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
1301 Celery Avenue		2825 Walden Road Cove	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
Sanford, FL		Longwood, FL	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
32771		32779	U

**DO NOT WRITE IN THIS SPACE**

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b>		<b>Applied For</b>
	59-3679084		Not Applicable
	<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required
	<b>7. Name and Address of Current Registered Agent</b>		
	Name SINGH, HERMAN Street Address (P.O. Box Number is Not Acceptable) 500 S R 436 Suite 2022		
<b>City</b>		<b>FL</b>	<b>Zip Code</b>
CASSELBERRY FL 32707			32707

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

000000090656  
03/17/04-80028-003 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>				<b>11.</b>	
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>
	President	RAZA, AHSAN	2825 WALDEN POND AVE		
		LONGWOOD FL 32779			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>
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**DO NOT WRITE IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/04 (407) 323-7140