

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000875

1. Entity Name

R&R FOOD DISTRIBUTORS, INC.

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90024 006 \*\*\*150.00

Principal Place of Business

Mailing Address

272 EAST 5TH ST.  
HIALEAH FL 33010

272 EAST 5TH ST.  
HIALEAH FL 33010

2. Principal Place of Business

221 S.W. 123 Ave.

3. Mailing Address

P.O. Box 112374

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Hialeah, Florida

Zip

33184

Country

Miami-Dade

Zip

33011

Country

Miami-Dade

4. FEI Number

65-1064472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACIAS, ADNALOY  
272 EAST 5TH ST.  
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

RAFAEL L. GARCIA

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

221 S.W. 123 Avenue

City

Miami

FL

Zip Code

33184

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 ☐ 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

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  
President/Director  
RAFAEL L. GARCIA  
S-Eagle Drive  
Key Largo, Florida 33037

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Rolando E. ROSA  
272 East 5-Street  
Hialeah, FL. 33010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

Date

305-283-2522

Daytime Phone #

CR2E034 (10/00)