

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90035 020 ***150.00

DOCUMENT # P01000032871

1. Entity Name
UNITED FOODSERVICE OF AMERICA, INC.

Principal Place of Business
 10185 COLLINS AVE #1509E
 BAL HARBOUR FL 33154-1607

Mailing Address
 10185 COLLINS AVE #1509E
 BAL HARBOUR FL 33154-1607

2. Principal Place of Business

901-N.E. 125th ST.
 Suite, Apt. #, etc.
 #110

3. Mailing Address

901-N.E. 125th ST.
 Suite, Apt. #, etc.
 #110

City & State
 N. Miami, Florida

City & State
 N. Miami, Florida

Zip 33161 **Country** U.S.A.

Zip 33161 **Country** U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOVO, MARIO
 10185 COLLINS AVE #1509E
 BAL HARBOUR FL 33154-1607

7. Name and Address of New Registered Agent

Name NOVO, MARIO
Street Address (P.O. Box Number is Not Acceptable) 901-N.E. 125th Street
City N. Miami **FL** **Zip Code** 33161

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

DATE 04/30/02

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	CEO	<input type="checkbox"/> Delete
NAME	ARENA, ANNETTE M	
STREET ADDRESS	10185 COLLINS AVE #1509E	
CITY-ST-ZIP	BAL HARBOUR FL 33154-1607	
TITLE	PS	<input type="checkbox"/> Delete
NAME	NOVO, MARIO	
STREET ADDRESS	10185 COLLINS AVE #1509E	
CITY-ST-ZIP	BAL HARBOUR FL 33154-1607	
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	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENA, ANNETTE M	
STREET ADDRESS	901-N.E. 125th Street	
CITY-ST-ZIP	Miami, FL. 33161	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVO, MARIO	
STREET ADDRESS	901-N.E. 125th Street	
CITY-ST-ZIP	Miami, FL. 33161	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJOR, BRUCE J	
STREET ADDRESS	901-N.E. 125th Street	
CITY-ST-ZIP	Miami, FL. 33161	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLERES, Michael	
STREET ADDRESS	901-N.E. 125th Street	
CITY-ST-ZIP	Miami, FL. 33161	
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]* **CEO**
 Signature and typed or printed name of signing officer or director

DATE 04/30/02 **Daytime Phone #** (305) 892-9971

CR2E034 (9/01)