

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

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90139 046 \*\*\*150.00

DOCUMENT # P01000047278

1. Entity Name

FOOD CORP, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3595-D N.E. 207TH STREET

Suite, Apt. #, etc.

3. Mailing Address  
3595-D N.E. 207TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
AVENTURA, FL

City & State  
AVENTURA, FL

4. FEI Number 65-1102652

Applied For  
Not Applicable

Zip  
33180

Country  
U.S.A.

Zip  
33180

Country  
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name STAUB, WERNER

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

3595-D N.E. 207 STREET

City AVENTURA

FL Zip Code  
33180

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

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD, STAUB, WERNER  
3595-D N.E. 207 STREET  
AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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 #

CR2E034B (12/02)