

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90147 015 ***150.00

DOCUMENT # P01000047927

1. Entity Name
NATIONAL PROVISIONS, INC.



Principal Place of Business
1630 NW 70TH AVENUE
MIAMI FL 33126

Mailing Address
1630 NW 70TH AVENUE
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1106447**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABBITT, SCOTT B
1630 NW 70TH AVENUE
MIAMI FL 33126

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BELL, GEORGE**
STREET ADDRESS **17130 CORAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **V, D** ☐ Change ☒ Addition
NAME **Goldman, Michael**
STREET ADDRESS **1630 NW 70th Ave**
CITY-ST-ZIP **Miami, FL 33126**

TITLE **D** ☐ Delete
NAME **SINGER, RALPH**
STREET ADDRESS **3855 LANDINGS DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **S, D** ☐ Change ☒ Addition
NAME **Erwin Hartman**
STREET ADDRESS **1630 NW 70th Ave**
CITY-ST-ZIP **Miami, FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Bell **3/17/03** **305-592-0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)