

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91291 041 ***158.75

DOCUMENT # **PO1000051913**

1. Entity Name

PRIME FOODS OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

11023610

2. Principal Place of Business

785 S. Congress

Suite, Apt. #, etc.

3. Mailing Address

785 S. Congress

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL.

City & State

Delray Beach FL.

4. FEI Number

65-1130382

Applied For

Not Applicable

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Todd Stone

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

785 S. Congress

City

Delray Beach

FL

Zip Code

33445

**DO NOT WRITE
IN THIS SPACE**

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

**P
STONE, TODD
785 S. Congress
Delray Beach, FL. 33445**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
STONE, MYRNA
785 S. Congress
Delray Beach, FL. 33445**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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:

Myrna Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/03

Daytime Phone #

561 716-3689

CR2E034B (12/02)