FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90193 047 ***150.00

654054

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055727

1. Entity Name
ALMEIDA'S FOOD PRODUCTS, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1632 SW 116TH AVE
Suite, Apt. #, etc.
City & State: PEMBROKE PINES FL
Zip: 33025 Country: USA

3. Mailing Address
1632 SW 116TH AVE
Suite, Apt. #, etc.
City & State: PEMBROKE PINES FL
Zip: 33025 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1110261 ☐ Applied For ☐ Not Applicable

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: TARACHE, XIOMARA
Street Address (P.O. Box Number is Not Acceptable): 1632 SW 116 TH AVE
City: PEMBROKE PINES FL Zip Code: 33025

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: Xiomara Tarache
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
DATE: 4/23/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	ALMEIDA, CARLOS A.
STREET ADDRESS	1632 SW 116 TH AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	VD
NAME	ALMEIDA, CESAR E.
STREET ADDRESS	1632 SW 116 TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	TD
NAME	TARACHE, XIOMARA
STREET ADDRESS	1632 SW 116 TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	SD
NAME	QUEVEDO, ZORAIMA
STREET ADDRESS	1632 SW 116 TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Xiomara Tarache
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/23/02
Daytime Phone #