FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90218 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062020

1. Entity Name
RTL Food Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7600 Dr Phillips Blvd	7600 Dr Phillips Blvd
Suite, Apt. #, etc. Ste. 96	Suite, Apt. #, etc. Ste. 96
City & State Orlando Fl	City & State Orlando Fl
Zip 32819 Country USA	Zip 32819 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-372-7375 ☐ 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: Richard Irace

Street Address (P.O. Box Number is Not Acceptable): 5554 metro west Blvd # 103

City: Orlando FL Zip Code: 32811

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

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	P/P/S/T
NAME	Richard Irace
STREET ADDRESS	5554 metro west Blvd # 103
CITY-ST-ZIP	Orlando Fl 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: Richard Irace Owner [signature] 4-27-02 407-521-9688
Print Name & Title — Sign — Date — Phone