

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90137 028 ***150.00

DOCUMENT # P01000070066

1. Entity Name
RAYBELL FOOD INC



Principal Place of Business
**3333 BAY TO BAY BLVD
TAMPA FL 33629**

Mailing Address
**3333 BAY TO BAY BLVD
TAMPA FL 33629
4019 W MLK BLVD
TAMPA, FL 33614**

2. Principal Place of Business
4019 W MLK BLVD
Suite, Apt. #, etc.

3. Mailing Address
4019 W MLK BLVD
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33614 Country

Zip
33614 Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1618606** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DSOUZA, RAYMOND
3333 BAY TO BAY BLVD **4019 W MLK BLVD**
TAMPA FL 33629 **TAMPA FL 33614**

7. Name and Address of New Registered Agent

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 [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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE DVP | <input type="checkbox"/> Delete |
| NAME DSOUZA, RAYMOND | |
| STREET ADDRESS 3333 BAY TO BAY BLVD | 4019 W MLK BLVD |
| CITY-ST-ZIP TAMPA FL 33629 | TAMPA FL 33614 |
| TITLE PD | <input checked="" type="checkbox"/> Delete |
| NAME D'SOUZA, GEORGE | |
| STREET ADDRESS 3333 BAY TO BAY BLVD | |
| CITY-ST-ZIP TAMPA FL 33629 | |
| TITLE DS | <input checked="" type="checkbox"/> Delete |
| NAME SHAH, DHIMANT K | |
| STREET ADDRESS 3333 BAY TO BAY BLVD | |
| CITY-ST-ZIP TAMPA FL 33629 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/28/03** Daytime Phone #

CR2E034 (10/02)