

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91785 024 \*\*\*150.00

0284136 AV

**DOCUMENT # P01000108725**

1. Entity Name

**VENFOOD DISTRIBUTORS, INC.**



Principal Place of Business

**8378 NW 68 ST  
MIAMI FL 33166**

Mailing Address

**8378 NW 68 ST  
MIAMI FL 33166**

2. Principal Place of Business

**8375 NW 68 ST**

3. Mailing Address

**8375 NW 68 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33166**

Country

Zip

**33166**

Country

4. FEI Number

**65-1151915**

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

**QUINTERO, OSWALDO**

**8378 NW 68 ST**

**MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**QUINTERO OSWALDO**

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

**8375 NW 68 ST**

City

**MIAMI**

**FL**

Zip Code

**33166**

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

**04/30/03**

**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 **PD** ☐ Delete  
NAME **QUINTERO, OSWALDO**  
STREET ADDRESS **10730 NW 66 ST. #104**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VPD** ☐ Delete  
NAME **GRANADOS, MARIA**  
STREET ADDRESS **10730 NW 66 ST. #104**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **QUINTERO OSWALDO**  
STREET ADDRESS **8375 NW 68 ST**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **GRANADOS MARIA**  
STREET ADDRESS **8375 NW 68 ST**  
CITY-ST-ZIP **MIAMI, FL 33166**

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

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

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

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 both all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**04/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)