## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000112013

Address: City-St-Zip:

F. 4:4 - Nome - MATZ FOOD DIOTDIDI ITODO INO

FILED Apr 11, 2003 Secretary of State

Entity Name: RATZ FOOD DISTRIBUTORS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
3565 NE 207TH AVENUE AVENTURA, FL 33180	
Current Mailing Address:	New Mailing Address:
3565 NE 207TH AVENUE AVENTURA, FL 33180	Place of Business:  VENUE 3180  Address:  New Mailing Address:  VENUE 3180  773 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) ss of Current Registered Agent:  Name and Address of New Registered Agent:  VENUE 3180  entity submits this statement for the purpose of changing its registered office or registered agent, or both, ida.  Date  Idectronic Signature of Registered Agent  Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  ( ) Delete  Title:  OD  (X) Change ( ) Addition
FEI Number: 65-1156773 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
HAIBI, RON 3565 NE 207TH AVENUE AVENTURA, FL 33180	
The above named entity submits this statement for the pin the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Age	ent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: OD () Delete	Title: OD (X) Change ( ) Addition

3565 NE 207TH AVENUE 3565 NE 207TH AVENUE Address: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON HAIBI MR. 04/11/2003