


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112149

1. Entity Name
SUPREME FOOD CORP.



Principal Place of Business: **4478 FOX GLOVE LANE WESTON, FL 33331**

Mailing Address: **4478 FOX GLOVE LANE WESTON, FL 33331**

2. Principal Place of Business: **1820 N. CORPORATE LAKES BLVD, Suite, Apt. #, etc. 303**

3. Mailing Address: **SAME**

City & State: **Weston, FL**

City & State: **SAME**

Zip: **33326** Country: **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number: **85-1155141** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: **DIEGO, RESTREGO L ESQ, 647 MAJORCA AVE, MIAMI, FL 33134**

7. Name and Address of New Registered Agent: Name, Street Address, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DT	NAME: VALLEJO, MARIO	TITLE: Change	NAME: SARA VALLECILLA
STREET ADDRESS: 4478 FOX GLOVE LANE	CITY-ST-ZIP: WESTON, FL 33331	STREET ADDRESS:	CITY-ST-ZIP: 1820 NORTH CORPORATE LAKES BLVD, #303 WESTON, FL 33326
TITLE: DP	NAME: VALLECILLA, CARLOS	TITLE: Change	NAME:
STREET ADDRESS: 1820 NORTH CORPORATE LAKES BLVD., SUITE 30	CITY-ST-ZIP: WESTON, FL 33326	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: S	NAME: VALLECILLA, LILIANA	TITLE: Change	NAME:
STREET ADDRESS: 1820 N. CORPORATE LAKES BLVD #303	CITY-ST-ZIP: WESTON, FL 33326	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE: Change	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE: Change	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE: Change	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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)(1), 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 807, 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: **SARA VALLECILLA, Treasurer** (954) 384-8354

0120034 (10/02)