03 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000013774

1. Entity Name
C-Food Haven Inc

FILED
03 JUN -6 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17325 NW 27th Ave
Suite, Apt. #, etc. 104
City & State Miami, Florida
Zip 33055 Country U.S.

3. Mailing Address
3302 SW 175 Ave
Suite, Apt. #, etc.
City & State Miramar FL 3
Zip 33029 Country US

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4. FEI Number | Applied For | X Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Jones, Bodet, & Harrison LLC
Street Address (P.O. Box Number is Not Acceptable)
111 NW 1st Ave
City Miami FL Zip Code 33128

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 Marcus Bodet % Jones, Bodet & Harrison, LLC April 29, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Latonya Morant
STREET ADDRESS	3302 SW 175 Ave
CITY-ST-ZIP	Miramar, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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06/06/03--01033--003 **150.00

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CR2E034E (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Latonya S. Morant 4/29/03 786-256-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gr 6/6