

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90202 016 ***158.75

DOCUMENT # P02000031915

1. Entity Name

ASSISTANCE FOOD AMERICA, INC



DO NOT WRITE IN THIS SPACE

90008735

2. Principal Place of Business
8671 NW 66 STREET

Suite, Apt. #, etc.

3. Mailing Address
8671 NW 66 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
33-1011439

Applied For
Not Applicable

Zip
33166

Country
US

Zip
33166

Country
US

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fees Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **LERENA, CARLOS A**

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

8671 NW 66 STREET

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).

CARLOS AUGUSTO LERENA

1/16/03

(NOTE: Registered Agent signature required when re-registering)

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 **P**
NAME **LERENA, CARLOS A**
STREET ADDRESS **15705 MIAMI LAKEWAY NORTH #121**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **VP**
NAME **OSCAR CLISELLI**
STREET ADDRESS **2899 COLLINS AVENUE # 638**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **S**
NAME **LERENA, CARLOS A**
STREET ADDRESS **15705 MIAMI LAKEWAY NORTH # 121**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A. LERENA

1/16/03

Date

305-597-0066

Daytime Phone #

CR2E034B (12/02)