

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90780 028 \*\*\*158.75

DOCUMENT # P0200006047  
1. Entity Name  
DEL PACIFICO FROZEN FOODS, INC.



**DO NOT WRITE IN THIS SPACE**

**10036173**

2. Principal Place of Business  
8185 S.W. 85 TER.  
Suite, Apt. #, etc.

3. Mailing Address  
8185 S.W. 85 TER.  
Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FLORIDA

Zip  
33143  
Country  
USA

Zip  
33143  
Country  
USA

4. FEI Number  
01-0705376

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name ANDRADE HERNANDEZ C.P.A

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

255 ALHAMBRA CIRCLE, SUITE 720

City CORAL GABLES FL Zip Code 33134

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 Luis H. Rodriguez  
Signature, typed or printed name of registered agent and title if applicable.

03/04/03  
DATE

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25

**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>LUIS H. RODRIGUEZ</u> <u>8185 S.W. 85 TERRACE</u> <u>MIAMI, FL. 33143</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DAVID G. PARTRIDGE</u> <u>VICE PRESIDENT</u> <u>8186 S.W. 85 TERRACE, MIAMI,</u> <u>FL. 33143</u>
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IN THIS SPACE**

CR2E034B (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: Luis H. Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03 305-279-5075  
Date Daytime Phone #