


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92185 034 \*\*\*158.75

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<b>DOCUMENT #</b> P02000061789	
<b>1. Entity Name</b> ADRIAN FINE FOODS, INC.	

<b>Principal Place of Business</b> 10572 N.W. 8TH LANE MIAMI FL 33172	<b>Mailing Address</b> 10572 N.W. 8TH LANE MIAMI FL 33172
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<b>2. Principal Place of Business</b> 9750 SW 122 Ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> 9750 SW 122 Ave Suite, Apt. #, etc.
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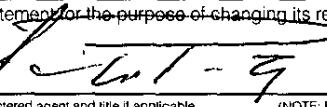
<b>City &amp; State</b> Miami, FL	<b>City &amp; State</b> Miami, FL
<b>Zip</b> 33186	<b>Country</b> USA

<b>4. FEI Number</b> 02-0626307	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> IGLESIA, MARI S 13780 SW 56 STREET SUITE #100 MIAMI FL 33175
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<b>7. Name and Address of New Registered Agent</b> Name: Julio A. Pinto Street Address (P.O. Box Number is Not Acceptable): 9750 SW 122 Ave City: Miami FL Zip Code: 33186
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<b>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.</b> SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete MERCADO, MIGUEL O 10572 N.W. 8TH LANE MIAMI FL 33172
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SR. VP Admin & Operations Julio A. Pinto 9750 SW 122 Ave Miami, FL 33186
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>5/1/03</b> Date	Daytime Phone #
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CR2E034 (10/02)