

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91191 003 ***150.00

DOCUMENT # P02000074905

1. Entity Name
LOS ANDES FOOD PRODUCTS, INC.



Principal Place of Business
**8120 CORAL WAY
MIAMI FL 33155**

Mailing Address
**8120 CORAL WAY
MIAMI FL 33155**

2. Principal Place of Business

7685 N.W. 80 TERRACES
Suite, Apt. #, etc.

3. Mailing Address

7911 N.W. 72 AVE
Suite, Apt. #, etc.

City & State

MEDLEY FL

City & State

MEDLEY FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

56-2282388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEAZ, ROBERTO
8120 CORAL WAY
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	ZYLBERBERG, MARCELO J	
STREET ADDRESS	8120 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BORTNIK, ELISA	
STREET ADDRESS	8120 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BORTNIK, ARNALDO	
STREET ADDRESS	8120 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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.

SIGNATURE: **SIGNATURE OF REGISTERED AGENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03 1862874042
Date Daytime Phone #

CR2E034 (10/02)