

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

4/1

04-16-2003 90282 016 ***150.00

DOCUMENT # P02000089751

1. Entity Name

S & S FOODS IMPORT & EXPORT, CORP.



Principal Place of Business
10249 N.W. 9TH STREET CIR
APT. #209
MIAMI FL 33172

Mailing Address
10249 N.W. 9TH STREET CIR
APT. #209
MIAMI FL 33172

33037844



2. Principal Place of Business

8998 N.W. 105th way
Suite, Apt. #, etc.
N/A

3. Mailing Address

8998 N.W. 105th way
Suite, Apt. #, etc.
N/A

☒ CHECK HERE IF MAKING CHANGES

City & State

Nedley, FL
Zip 33178 Country U.S.

City & State

Nedley, FL
Zip 33178 Country U.S.

4. FEI Number

56-2288552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JULIO CESAR
10249 N.W. 9TH STREET CIR
APT. #209
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

LOPEZ, JULIO CESAR

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

8998 N.W. 105th way

City

Nedley

FL

Zip Code

33178

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/03

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 PD
NAME LOPEZ, JULIO CESAR
STREET ADDRESS 10249 N.W. 9TH STREET CIR, APT #209
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE VD
NAME POSAS, GILMER
STREET ADDRESS 10249 N.W. 9TH STREET CIR, APT #209
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/03

305-883-8875

CR2E034 (10/02)