

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000109170

1. Entity Name
BRAINFOOD CORP.



00090000

Principal Place of Business
8290 LAKE DRIVE
NO. 417
MIAMI, FL 33166

Mailing Address
8290 LAKE DRIVE
NO. 417
MIAMI, FL 33166

2. Principal Place of Business

7355 NW 41 ST

Suite, Apt. #, etc.

3. Mailing Address

7355 NW 41 ST

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

EIN 43-1978175

Applied For

Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONILLA, DORIS
8290 LAKE DRIVE
NO. 417
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
DORIS BONILLA

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

7355 NW 41 STREET

City
MIAMI

State
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 except the obligations of registered agent.

SIGNATURE

Doris Bonilla

(NOTE: Registered Agent Signature required when obtaining)

05/31/03

DATE

FILE NOW WITH FEES \$160.00
ANNUAL 2003 FEE WILL BE \$550.00
Make checks 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
PSD
BONILLA, DORIS
8290 LAKE DRIVE NO 417
MIAMI, FL 33166

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DORIS BONILLA
7355 NW 41 ST
MIAMI, FL 33166

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
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:

Doris Bonilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/03

Date

(786) 487-6380

Daytime Phone #

CR2E034 (10/02)

Attachment

55048536
#P020000109170

Miami, May 31st, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: BRAINFOOD CORP.
Doc Number P02000109170

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.


We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997.

Your consideration will be greatly appreciated.

Sincerely,


Doris Bonilla
President
7355 NW 41 Street
Miami, FL 33166