

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

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

05-05-2003 91800 043 ***158.75

DOCUMENT # **P02000119500**

1. Entity Name

R & R BABY FOODS INC.



DO NOT WRITE IN THIS SPACE

11041757

2. Principal Place of Business

80 PONDELLA ROAD #1

3. Mailing Address

1005 PALMETTO ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH FORT MYERS, FL

City & State

CLEWISTON, FL

4. FEI Number

46-0507932

Applied For

Not Applicable

Zip

33903

Country

USA.

Zip

33440

Country

USA.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RUTH Y. LARA

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

1005 PALMETTO ST.

City

CLEWISTON

FL

Zip

33440

**DO NOT WRITE
IN THIS SPACE**

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

X Ruth Y Lara

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

(NOTE: Registered Agent signature required when reinstating)

05/02/03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**P/D.
Ruth Y. LARA
1005 PALMETTON ST.
CLEWISTON, FL. 33440**

TITLE
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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: *X Ruth Y Lara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/03 (561) 992-2341

Date

Daytime Phone #

CR2E034B (12/02)