2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000125241 **DOCUMENT #**

1. Entity Name AVY FOOD GROUP, INC.



FILED

May 02, 2003 8:00 a	ım
Secretary of State	3
05-02-2003 90264 042 ***150.00	-

160 W. EVERGREEN AVE., STE, 231				Mailing Address 160 W. EVERGREEN AVE., STE. 231 LONGWOOD FL 32750								
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	FEI Number		_ _	pplied For	
Zip	_	Country	Zip		Coun	try			□ \$	8.75 Add	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
		•				Name						
TATO, MANUEL II 160 W. EVERGREEN AVE., STE. 231					Street Address (P.O. Box Number is Not Acceptable)							
LONGWO	OD FL 3275	50										
=		٠				City		MALE	FL	Zip Cod	е	
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 appl	icable (NOTE	: Registered	d Agent signature	required when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financ Trust Fund Contribution.	ing	\$5.0 Added	O May Be to Fees		
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICER	RS AND D	IRECTORS	S IN 11	
NAME	D Tato, Mai 160 W. Ev Longwoo	NUEL II ERGREEN AVE., STE. 1 DD FL 32750	231	Delete		1			ſ] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l			C] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	pertify that the	information supplied with	this filing	Delete	CITY-	T ADDRESS ST-ZIP	in Section 1	19.07(3)(i). Florida Statutes I furtl		Change	Addition	

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.