

P04000135385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

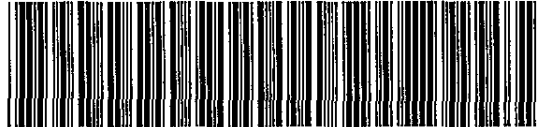
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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Smith AUG 11 2005

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WEBERMAN Traditional Foodservice Corporation  
(Name of corporation)

DOCUMENT NUMBER: P04000135385

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID WEBERMAN  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 402764  
(Address)

Miami Beach Florida 33140  
(City/state and zip code)

For further information concerning this matter, please call:

DAVID WEBERMAN at (305) 751-7100  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 1, 2005

DAVID WEBERMAN  
P.O. BOX 402764  
MIAMI BEACH, FL 33140

SUBJECT: WEBERMAN TRADITIONAL FOODSERVICE CORPORATION  
Ref. Number: P04000135385

We have received your document for WEBERMAN TRADITIONAL FOODSERVICE CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have David Weberman sign in the officer/director spot.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 505A00049578

RECEIVED  
05 AUG 10 AM 8:00  
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WEBERMAN TRADITIONAL Foodservice Corporation  
2. The principal office address: 330 N G 59th Street  
Miami Florida 33137  
3. The mailing address (if different): ~~P.O. Box 1100~~

4. Date of incorporation/qualification: 9-28-2004 Document number: P04000135385

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Business Filings Incorporated  
1203 GOVERNORS SQUARE BLVD SUITE 101  
TALLAHASSEE FL. 32301-2960

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DAVID WEBERMAN  
330 N G 59th Street  
(P.O. Box NOT acceptable)  
Miami Florida 33137

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

DAVID WEBERMAN  
(Printed or typed name and title)

President

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

7/26/05  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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