

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28775

1. Entity Name

S.C. FOOD SERVICES (U.S.A.), INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90041 013 ***150.00

Principal Place of Business

Mailing Address

816 SOUTH MILITARY TRAIL
BLDG 6
DEERFIELD BEACH FL 33442
US

816 SOUTH MILITARY TRAIL
BLDG 6
DEERFIELD BEACH FL 33442-2985

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2568040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CT. CORPORATION SYSTEM~~
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BERLIND, REENA	
STREET ADDRESS	UNIT #1 570 ALDEN ROAD	
CITY-ST-ZIP	MARKHAM, ONTARIO L3R-8N5	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGNEW, TED	
STREET ADDRESS	UNIT #1 570 ALDEN ROAD	
CITY-ST-ZIP	MARKHAM, ONTARIO L3R-8N5	
TITLE	P	<input type="checkbox"/> Delete
NAME	WORTS, BRIAN	
STREET ADDRESS	UNIT #1570 ALDEN ROAD	
CITY-ST-ZIP	MARKHAM, ONTARIO L3R-8-5	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BULLOCK, JAMES R	
STREET ADDRESS	3221 N. SERVICES ROAD	
CITY-ST-ZIP	BURLINGTON ONTARIO L7-R348	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARINS, IVAN R	
STREET ADDRESS	3221 N. SERVICES ROAD	
CITY-ST-ZIP	BURLINGTON, ONTARIO L7-R348	
TITLE	T	<input type="checkbox"/> Delete
NAME	AGNEW, EDWARD	
STREET ADDRESS	UNIT 570 ALDEN ROAD	
CITY-ST-ZIP	MARKHAM, ONTARIO L3R-8-5	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Worts	
STREET ADDRESS	9-85 Citizen Court	
CITY-ST-ZIP	Markham, Ontario L6G 1A8	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward (Ted) Agnew

Date

Daytime Phone #

April 21/00 905-946-7200

CR2E034 (9/99)