## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P93000067902 1. Entity Name BACCHUS FINE FOODS LTD., INC. 05-07-2001 90024 015 \*\*\*150.00 Principal Place of Business Mailing Address 7631 S.W. 64 COURT P.O. BOX 43-1133 N/A MIAMI FL 33143 MIAMI FL 33243-1133 US US 2. Principal Place of Business 3736 SW 37 Ave. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0439906 MiaNi Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ LUZARRAGA, JORGE Street Address (P.O. Box Number is Not Acceptable) 7631 SW 64TH CT **MIAMI FL 33143** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition ☐ Delete Change LUZARRAGA, JORGE R. 115 Crawdow Blob. NAME NAME LUZARRAGA, JORGE STREET ADDRESS STREET ADDRESS 7631 SW 64TH CT DISCLYNE, Th 33149 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME LUZARRAGA, SILVIA STREET ADDRESS STREET ADDRESS 7631 S W 64TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DILE TITLE ☐ Change ☐ Addition NAME NAME

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 any agrees, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN