

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90170 013 ***158.75

DOCUMENT # P94000042405

1. Entity Name
PETRA FOOD, INC.

Principal Place of Business
**2910 EAST COMMERCIAL BLVD.
 FORT LAUDERDALE FL 33308**

Mailing Address
**2910 EAST COMMERCIAL BLVD.
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
Same As Above
 Suite, Apt. #, etc.

City & State

Zip Country
Browd



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0499038** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MATTA, MICHAEL
 2910 EAST COMMERCIAL BLVD.
 FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent
 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 *Michael G. Matta* owner **Michael G. Matta** **02-06-01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST MATTA, MICHAEL 2910 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael G. Matta* **Michael G. Matta** owner **954-771-0616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
02-06-01

CR2E034 (10/00)