

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070980

1. Entity Name

R AND H FOOD CORP.

**FILED**  
Feb 26, 2000 8:00 am  
**Secretary of State**

02-26-2000 90069 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1978 N.E. RIDGE AVENUE  
JENSEN BEACH FL 34957-5008

1700 PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952-5472

2. Principal Place of Business

1700 Port. St. Lucie Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Port. St. Lucie

City & State

FL 34952

Zip

Country  
St. Lucie

Zip

Country

4. FEI Number

65-0499998

Applied For

Not Applicable

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

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

Feb 19 2000

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	D	<input type="checkbox"/> Delete
NAME	PATEL, RAJEN	
STREET ADDRESS	1978 N.E. RIDGE AVE.	
CITY-ST-ZIP	JENSEN BEACH FL 34957-5008	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, HARSHA	
STREET ADDRESS	1978 N.E. RIDGE AVE.	
CITY-ST-ZIP	JENSEN BEACH FL 34957-5008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patel Rajen	
STREET ADDRESS	3301 Lookout Blvd	
CITY-ST-ZIP	Port. St. Lucie FL 34984	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL HARSHA	
STREET ADDRESS	3301 Lookout Blvd	
CITY-ST-ZIP	Port. St. Lucie FL 34984	
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

Date

Daytime Phone #

Feb 19 2000

CR2E034 (9/99)