## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPE

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## **FILED** Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **P94000070980** 1. Entity Name R AND H FOOD CORP. 02-01-2001 90171 027 \*\*\*150.00 Principal Place of Business Mailing Address 1700 PORT ST LUCIE BLVD 1700 PORT ST. LUCIE BLVD. PORT SAINT LUCIE FL 34952 PORT ST. LUCIE FL 34952 00012424 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0499998 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, RAJEN Street Address (P.O. Box Number is Not Acceptable) 1978 N.E. RIDGE AVENUE JENSEN BEACH FL 34957-5008 Zip Code ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE tered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is elig e 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. TITLE ☐ Delete TITI F Change ☐ Addition PATEL. RAJEN NAME 3301 LOOKOUT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34984 ☐ Delete TITLE ☐ Addition Change NAME PATEL, HARSHA NAME STREET ADDRESS 3301 LOOKOUT BLVD STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE FL 34984 CITY-ST-ZIP TITLE TITLE ☐ Delete 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling coes 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 expowered 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.