

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090164

1. Entity Name
DELICIOUS FOODS OF FLORIDA, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90002 017 ***555.00

Principal Place of Business

4660 W 4TH AVENUE
HIALEAH FL 33012
US

Mailing Address

4660 W 4 AVENUE
HIALEAH FL 33012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0550876

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

JULIA, ROBERT J
4211 WEST 7 LANE
HIALEAH FL 33012

Name ROBERT J. JULIA

Street Address (P.O. Box Number is Not Acceptable)
8042 NW 161 TER.

City MIAMI FL Zip Code 33016

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 \$550.00
AFTER SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME IGLESIAS, ZELMA
STREET ADDRESS 8851 NW 153 TERR
CITY-ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME ESTEVE, HUMBERTO
STREET ADDRESS 901 PONCE DE LEON SUITE 304
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME VILARINO, MANUEL I
STREET ADDRESS 3805 SW 8TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME ROBERT, JULIA
STREET ADDRESS 1757 W 62ST
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE S
NAME ROBERT J. JULIA
STREET ADDRESS 8042 NW 161 TER.
CITY-ST-ZIP MIAMI, FL. 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED ZELMA Iglesias

Date

Daytime Phone

9070

CR2E034 (5/00)