2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000008680 **DOCUMENT #**

1. Entity Name

TITLE

NAME

STREET ADDRESS

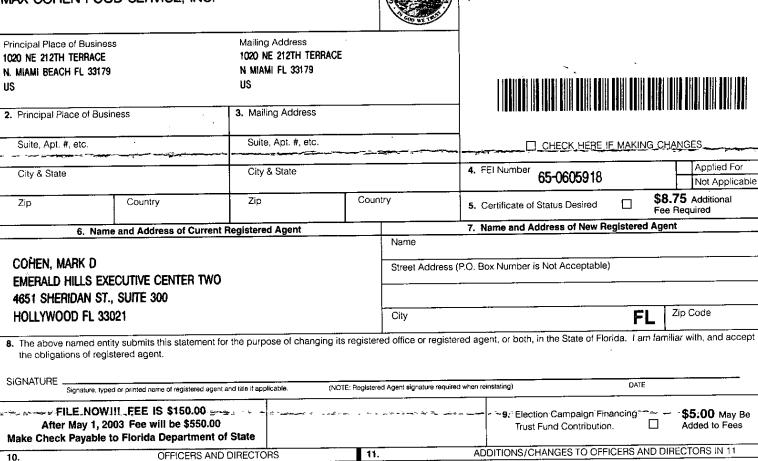
CITY-ST-ZIP

ROSSI, A J

1020 NE 212TH TERRACE

N. MIAMI BEACH FL 33162

MAX COHEN FOOD SERVICE, INC.



☐ Change ■ Addition ☐ Delete TITLE TITLE NAME ROSSI, JUDITH M NAME STREET ADDRESS STREET ADDRESS 1020 NE 212 TERR CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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☐ Delete

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 10, 2003 8:00 am

Secretary of State

02-10-2003 90196 025 ***150.00

☐ Addition

Change