

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90122 021 ***150.00

DOCUMENT # P95000076002

1. Entity Name

BRICKELL KEY FOODS CORP.

Principal Place of Business

80
777 BRICKELL AVE. SUITE 500
MIAMI FL 33131
US

Mailing Address

% CANTOR & MORANTE, P.A.
777 BRICKELL AVE. SUITE 500
MIAMI FL 33131

2. Principal Place of Business

1001 Brickell Bay Dr.

Suite, Apt. #, etc.
Suite 2908

City & State
Miami, FL 33131

Zip Country
33131 U.S.A.

3. Mailing Address

1001 Brickell Bay Dr.

Suite, Apt. #, etc.
Suite 2908

City & State
Miami, FL 33131

Zip Country
33131 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0618637**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CANTOR, STEVEN L
777 BRICKELL AVE, SUITE 500
777 BRICKELL AVE, SUITE 500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
SLC Corporate Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Dr.
Suite 2908
 City **Miami** FL Zip Code **33131**

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 **3/12/02**

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, 2002 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

TITLE **DPS** ☐ Delete
 NAME **MILLS, SLADE**
 STREET ADDRESS **355 LEXINGTON AV RM 804**
 CITY-ST-ZIP **NEW YORK NY 10017**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
 NAME **Mills, Slade**
 STREET ADDRESS **1001 Brickell Bay Dr., Ste.2908**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

3/7/02 **212-5535276**
 Date Daytime Phone #

CR2E034 (9/01)