

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90292 007 ***150.00

DOCUMENT # P95000079448

1. Entity Name
SELECTED FOODS DISTRIBUTOR, INC.

Principal Place of Business

2239 WEST 78 STREET
 HIALEAH FL 33016
 US

Mailing Address

2239 WEST 78 STREET
 HIALEAH FL 33016
 US

2. Principal Place of Business

8445 SW. 102ND PLACE

3. Mailing Address

8445 SW. 102ND PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0622913

Applied For

Not Applicable

Zip

Country

33173

MIAMI OADE

Zip

Country

33173

MIAMI OADE

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

TRUJILLO, JOSE E
8445 SW 102ND PLACE
MIAMI FL 33173

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	TRUJILLO, JOSE E	
STREET ADDRESS	8445 SW 102ND PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE DIEGO, LORRAINE	
STREET ADDRESS	8845 SW 102 PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	NUNEZ, LYDIA	
STREET ADDRESS	8445 SW 102 PL	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

LYDIA NUNEZ
SECRETARY

4/27/01

(205) 325-0420

Date

Daytime Phone #

CR2E034 (10/00)