

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90010 037 ***150.00

DOCUMENT # P96000060346

1. Entity Name
CRIOLLOS FOOD DISTRIBUTORS, INC.

Principal Place of Business

8160 N.W. 36 AVENUE
MIAMI FL 33147
US

Mailing Address

8160 N.W. 36 AVENUE
MIAMI FL 33147
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8160 N.W. 36 Ave

8160 N.W. 36 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33147

Dade

33147

Dade

4. FEI Number

65-0691222

Applied For

Not Applicable

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

ALFONSO, JORGE M
13272 SW 54 COURT
HOLLYWOOD FL 33027

Name

Jorge M. Alfonso

Street Address (P.O. Box Number is Not Acceptable)

13272 S.W. 54 Ct.

City

Miami, FL

Zip Code

33027

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ALFONSO, JORGE M	
STREET ADDRESS	13272 SW 54 COURT	
CITY-ST-ZIP	MIRAMAR FL 33207	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ALFONSO, MAGALY M	
STREET ADDRESS	13272 S.W. 54 COURT	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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
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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

Jorge M. Alfonso **2/12/02** **(305) 691-7993**

Date

Daytime Phone #

CR2E034 (9/01)