

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90132 009 \*\*\*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

2. Principal Place of Business  
3675 N.W. 67ST  
Suite, Apt. #, etc.

3. Mailing Address  
3675 N.W. 67ST  
Suite, Apt. #, etc.

City & State  
Miami, FL  
Zip  
33147  
Country  
Dade

City & State  
Miami, FL  
Zip  
33147  
Country  
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

ALFONSO, JORGE M  
13272 SW 54 COURT  
HOLLYWOOD FL 33027

7. Name and Address of New Registered Agent

Name  
Jorge M. Alfonso  
Street Address (P.O. Box Number is Not Acceptable)  
13272 S.W. 54 Ct.  
City  
Miramar 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 the empowered.

SIGNATURE: Jorge M. Alfonso 4/21/03 (305) 691-7993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)