

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062636

1. Entity Name

LET ME FEED YOU INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90053 032 ***150.00

Principal Place of Business

Mailing Address

811 NW 105 PLACE
 MIAMI FL 33172

811 NW 105 PLACE
 MIAMI FL 33172-3125

2. Principal Place of Business

7601 BISCAYNE BLVD.

3. Mailing Address

7601 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0690003

Applied For

Not Applicable

Zip

Country

33138 USA

Zip

Country

33138 USA

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

CASTILLO, SALVADOR
 704 MERIDIAN AVE
 MIAMI BEACH FL 33139

Name

SALVADOR CASTILLO

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

7601 BISCAYNE BLVD

City

MIAMI

FL

Zip Code

33138

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, 2000 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 D ☐ Delete
 NAME CASTILLO, MARTHA
 STREET ADDRESS 811 NW 105 PLACE
 CITY-ST-ZIP MIAMI FL 33172

TITLE T ☒ Change ☐ Addition
 NAME CASTILLO, MARTHA
 STREET ADDRESS 811 NW 105 PLACE
 CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ Delete
 NAME CASTILLO, SALVADOR
 STREET ADDRESS 704 MERIDIAN AVE
 CITY-ST-ZIP MIAMI BEACH FL

TITLE P ☒ Change ☐ Addition
 NAME CASTILLO, SALVADOR
 STREET ADDRESS 704 MERIDIAN AVE
 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D ☒ Delete
 NAME CASTILLO, FRANCOIS
 STREET ADDRESS 704 MERIDIAN AVE
 CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V/C ☐ Change ☒ Addition
 NAME CEDRI, RICHARD
 STREET ADDRESS 805 NE 72 TERRACE
 CITY-ST-ZIP MIAMI, FL 33138

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000
 Date

Daytime Phone #

CR2E034 (9/99)