FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an

SIGNATURE:

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P96000065253 L & T DISTRIBUTORS OF FROZEN FOODS, INC. 04-28-2001 90022 025 ***150.00 Principal Place of Business Mailing Address 1750 W 46TH STREET #337 1750 W 46TH STREET #337 751425 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0711208 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -. . . . Name HERNANDEZ, LOURDES M Street Address (P.O. Box Number is Not Acceptable) 1750 W 46TH STREET #337 HIALEAH FL 33012 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete Change ☐ Addition TITLE TITLE HERNANDEZ, LOURDES M NAME NAME STREET ADDRESS STREET ADDRESS 1750 W 46TH STREET #337 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change — ☐ Addition TITLE TITLE -----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or the true and the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if