

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90244 001 ***150.00
 01-31-2001 90244 002 *****8.75

DOCUMENT # P96000068956

1. Entity Name

FRANCY BABY FOOD CENTER II, CORP.

Principal Place of Business

**4151 NORTH WEST 135TH STREET
 OPA-LOCKA FL 33054**

Mailing Address

**4151 NORTH WEST 135TH STREET
 OPA-LOCKA FL 33054**

23658

2. Principal Place of Business

4117 North west 135 st

3. Mailing Address

4117 North west 135 st

Suite, Apt. #, etc.

opa-locka fl

Suite, Apt. #, etc.

opa-locka fl

City & State

opa-locka fl

City & State

opa-locka fl

Zip

33054

Country

USA

Zip

33054

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0700968

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, WILLIAM L
 17071 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name **perez, Magdalena**

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

4151 North west 135th street

opa-locka fl

City

FL

Zip Code

33054

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

Magdalena Perez

(NOTE: Registered Agent signature required when reinstating)

01-17-01

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

TITLE **P** ☐ Delete
 NAME **PEREZ, MAGDALENA**
 STREET ADDRESS **4151 NORTH WEST 135TH STREET**
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **S** ☒ Delete
 NAME **PEREZ, OSVALDO**
 STREET ADDRESS **1421 37TH ST**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **S. Perez, Magdalena**
 STREET ADDRESS **4151 North west 135th street**
 CITY-ST-ZIP **opa-locka fl 33054**

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

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

TITLE ☐ Change ☐ Addition
 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:

Magdalena Perez (frcs.)

01-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)