2001 UNIFORM BU	SINESS REPC	RT (UBR)	1000
DÖCÜMENT # P96000	102		
United Food	d Service,	INC.	FILED
Principal Place of Business	Mailing Address		01 JAN -8 PM 2: 18
1265 NW 22 Miami, FL	ST. unit	- #7	SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		OLNINOTHER RE
City & State	City & State		4. FEI Number Applied For
		-	65-0710587 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired 5. Security Status Desired Fee Required
Name and Address of Current Registered Agent Name Name			7. Name and Address of New Registered Agent
Estela Herrera			
1265 NW 22	ST. UNIT #	7 Street Address	(P.O. Box Number is Not Acceptable)
Miami, FL.	331/2		
, - ,	<u> </u>	City	FL Zip Code
8. The above named entity submits this statement SIGNATURE Signature, typed or printed name of registered agr	ever	registered office or registe E. Registered Apent signature require	
9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back)	Alber MAY 1, 20 Make Check Payel	III. FEE IS \$450 00. NOT File will be \$550.00 die to Department of Sta	
11. OFFICERS AN INTLE $P/VP/S/T$	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME Estela Herrera		NAME	500003552755
STREET ADDRESS 1265 NW 22 ST. CITY-ST-ZIP Winni. FL 33	142	STREET ADDRESS CITY-ST-ZIP	-01/18/0101005006 ****300.00 ****300.00
mu: D	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 1265 NW 22 ST.	#7	STREET ADDRESS	5000035527550 -01/18/0101005007
CITY-ST-ZIP Higmi, FL 331	1/2	CITY-ST-ZIP	****150.00 ****150.00
TITLE	L.J. Delete	NAME .	Change Addition
I		(Light)	·
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP TITLE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	Change Addition
CITY-ST-ZIP	☐ Deleta	STREET ADDRESS CITY-ST-ZIP	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Deleta	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change Addition Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied windicated on this report or supplemental report	Delete Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemption stated in Se signature shall have the as required by Chapter, 607	☐ Change ☐ Addition

Date

Daytime Phone #

UNUTED FOOD SERVICE, INC. DOC.#P96000075219

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CÓRDIALLY ESTELA HERRERA PRESIDENT