

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2004 8:00 am**  
**Secretary of State**

06-08-2004 90003 005 \*\*\*158.75

<b>DOCUMENT # P96000091423</b> 1. Entity Name <b>AMERICAN FOODSERVICE OF MIAMI, INC.</b>					
Principal Place of Business <b>1380 N.W. 23RD STREET MIAMI, FL 33142</b>			Mailing Address <b>1380 N.W. 23RD STREET MIAMI, FL 33142</b>		
2. Principal Place of Business <b>12805 NW. 42 AVE.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2121 PONCE DE LEON BLVD.</b> <small>Suite, Apt. #, etc.</small> <b>SUITE 240</b>			
City & State <b>OPA-LOCKA, FL</b>		City & State <b>CORAL GABLES, FL.</b>		4. FEI Number <b>65-0708503</b>	
Zip <b>33134</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRATS, GABRIEL 2121 PONCE DE LEON BLVD., #240 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input type="checkbox"/> Delete <b>ACOSTA, HUGO JR 13020 MAR STREET CORAL GABLES, FL 33156</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ACOSTA, HUGO 13020 MAR STREET CORAL GABLES, FL 33156</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MEDINA, DELIO 4290 S.W. 154TH PLACE MIAMI, FL 33185</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MEDINA, DELIO 600 NORTH ISLAND GOLDEN BEACH, FL 33160</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE:			<div style="display: flex; justify-content: space-between;"> <span>5/26/04</span> <span>305-681-1880</span> </div>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment 44046252  
# P96000091423

**AMERICAN FOODSERVICE OF MIAMI, INC.**  
12805 NW 42 AVENUE  
OPA-LOCKA, FL 33054

May 13, 2003

**Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500**

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2003 Uniform Business Report (U.B.R) for our company has not been filed.

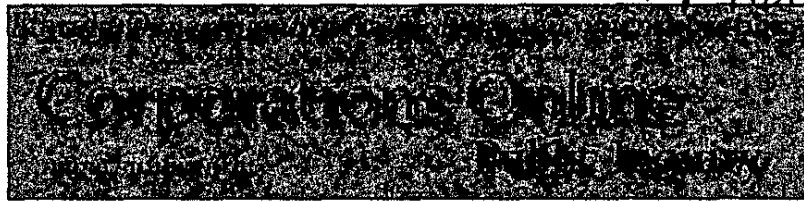
According to our records we didn't received the 2004 U.B.R form. Enclosed is a completed 2004 U.B.R. and a check for \$158.75. We hereby request an abatement of the filling late penalties.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,



**AMERICAN FOODSERVICE OF MIAMI, INC.**



## Florida Profit

## AMERICAN FOODSERVICE OF MIAMI, INC?

## PRINCIPAL ADDRESS

1380 N.W. 23RD STREET  
MIAMI FL 33142  
Changed 03/02/2001

## MAILING ADDRESS

1380 N.W. 23RD STREET  
MIAMI FL 33142  
Changed 03/02/2001Document Number  
P96000091423FEI Number  
650708503Date Filed  
11/04/1996State  
FLStatus  
ACTIVEEffective Date  
NONELast Event  
REINSTATEMENTEvent Date Filed  
03/02/2001Event Effective Date  
NONE

## Registered Agent

Name & Address
PRATS, GABRIEL 2121 PONCE DE LEON BLVD., #240 CORAL GABLES FL 33134 Address Changed: 03/02/2001

## Officer/Director Detail

Name & Address	Title
ACOSTA, HUGO JR 13020 MAR STREET CORAL GABLES FL 33156	CD
MEDINA, DELIO 4290 S.W. 154TH PLACE	D

Attachment

44046252  
# P96000091423

MIAMI FL 33185

## Annual Reports

Report Year	Filed Date
2001	03/02/2001
2002	05/21/2002
2003	03/12/2003

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No Name History Information

## Document Images

Listed below are the images available for this filing.

[03/12/2003 -- ANN REP/UNIFORM BUS REP](#)  
[05/21/2002 -- COR - ANN REP/UNIFORM BUS REP](#)  
[03/02/2001 -- REINSTATEMENT](#)  
[07/28/1997 -- ANNUAL REPORT](#)

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**[Corporations Inquiry](#)[Corporations Help](#)