2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # **P97000009840** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** MANNA FOODS INTERNATIONAL, INC. 02-02-2000 90022 040 ***150.00 Principal Place of Business Mailing Address 4509 POINCIANA STREET 4509 POINCIANA STREET FT LAUDERDALE FL 33324-1446 FT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business 711 N.W. 77th Avenue 77 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0724933 PLANTATION Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33324 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TREADO, LEE Street Address (P.O. Box Number is Not Acceptable) **4509 POINCIANA STREET** FT LAUDERDALE FL 33308 Avenue Zip Code 33324 PLANTARON 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 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, 2000 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 12, 11. ☐ Addition TITLE ☐ Delete TITLE TREADO, LEE NAME TREADO, LEE NAME STREET ADDRESS STREET ADDRESS **4509 POINCIANA STREET** CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete_ ŢĮŢĻE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS 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.