

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020942

1. Entity Name

AMERICAN FLAVOR CORP.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90018 010 ***150.00

Principal Place of Business

7951 SW 6 ST., STE. 212
PLANTATION FL 33324

Mailing Address

7951 SW 6 ST., STE. 212
PLANTATION FL 33324-3276

2. Principal Place of Business

7449 N.W. 4TH STREET

3. Mailing Address

SAME AS P.P.B.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

4. FEI Number

65-0295366 65-0737433

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZABALA, ALBERT

7951 SW 6 ST., STE. 212
PLANTATION FL 33324

Name

SAME

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

7449 N.W. 4TH STREET

City

PLANTATION

FL

Zip Code

33317

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)

4/24/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ZABALA, ALBERT
STREET ADDRESS 7951 SW 6 ST., STE. 212
CITY-ST-ZIP PLANTATION FL 33324

TITLE V ☒ Delete
NAME ANKIEWICZ, KEVIN
STREET ADDRESS 7951 SW 6 ST., STE. 212
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 7449 N.W. 4TH STREET
CITY-ST-ZIP PLANTATION, FL 33317

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

TITLE S ☐ Change ☒ Addition
NAME JUSTO-RODRIGUEZ
STREET ADDRESS 7449 N.W. 4TH STREET
CITY-ST-ZIP PLANTATION, FL 33317

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:

 ALBERT ZABALA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

954 327 2605
Date Daytime Phone #