## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 10, 2000 8:00 am DOCUMENT # P97000026171 Secretary of State SERPACO FOOD MANAGEMENT, INC. 03-10-2000 90018 001 \*\*\*150.00 Principal Place of Business Mailing Address 4288 LENNOX DR 701 BRICKELL AVE MIAMI FL 33131-2813 MIAMI FL 33131 C0035350 3. Mailing Address 2. Principal Place of Business 701 Beickell Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. LUBBU 4. FEI Number Applied For City & State City & State 65-0736475 Florist Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired DADR Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sueret WILSON ZÍSKIND & ARVIN. P.A. Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE. SUITE 905 MIAMI FL 33131 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. AMARO, IRIS OFFICE Change Delete TITLE TITLE COSTA, R. MICHAEL NAME NAME 12630 NW 102 Place STREET ADDRESS **4288 LENNOX DRIVE** STREET ADDRESS Hinlenh Gardens, Fl 33018 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 OFFICE ☐ Delete TITLE Delia SERPA, RAFAEL NAME SUATEZ, STREET ADDRESS STREET ADDRESS 2545 ANDROS AVE. 1056 W Hialaah, Fl CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Delete TITLE Ufficer ☐ Change TITLE NAME NAME Guitlerrez, ECKAM STREET ADDRESS STREET ADDRESS 12 NE 135 ST MIAMI, FI 3 CITY-ST-ZIP CITY-ST-ZIP Addition OFFICE ☐ Delete TITLE TITLE NAME VEGA, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ✓ Addition ☐ Defete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNING OFFICER OR DIRECTOR