

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-01-2001 90042 034 ***150.00

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1. Entity Name

DIVERSIFIED FOOD EXPORT, INC

Principal Place of Business

709 NW 12TH TERRACE
 #15
 POMPANO BEACH FL 33069

Mailing Address

709 NW 12TH TERRACE
 #15
 POMPANO BEACH FL 33069

28015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0759933**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POWELL, FRANK
5531 WINSTON PARK BLVD N
#108
COCONUT CREEK FL 33073

Name

WILSON B POWELL

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

1251 S.E. 14th Court

City

DEERFIELD BEACH

FL

Zip Code

33441

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)

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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VP	POWELL, FRANK	104 WASENA DR	709 NW 12th TERRACE POMPANO BCH FL 33069				
P	POWELL, WILSON	603 SIESTA KEY CIRCLE	1251 S.E. 14th COURT DEERFIELD BEACH FL 33441				

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILSON POWELL PRESIDENT & CEO

Date

Daytime Phone #

1/3/01 954-782-3900

CR2E034 (10/00)