

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054103

1. Entity Name

NATIONWIDE FOOD DISTRIBUTORS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90048 043 ***150.00

Principal Place of Business

Mailing Address

2291 NE 164TH STREET
 NORTH MIAMI BEACH FL 33160

2291 NE 164TH STREET
 NORTH MIAMI BEACH FL 33160-3703

2. Principal Place of Business

3. Mailing Address

18373 NE. 4 CT.

18373 NE. 4 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. MIAMI BEACH, FLORIDA

N. MIAMI BEACH, FLORIDA

Zip

Country

Zip

Country

33179

USA

33179

USA

4. FEI Number

65-0766330

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

MUSKAT, LEONARD
 2291 NE 164TH STREET
 NORTH MIAMI BEACH FL 33160

Name

LEONARD MUSKAT

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

18373 NE. 4 CT.

City

N. MIAMI BEACH

FL

Zip Code

33179

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

Samuel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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 PD
 NAME MUSKAT, LEONARD
 STREET ADDRESS 4000 ISLAND BOULEVARD #603
 CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

TITLE PD
 NAME MUSKAT, LEONARD ☒ Change ☐ Addition
 STREET ADDRESS 18373 NE. 4 CT.
 CITY-ST-ZIP N. MIAMI BEACH, FL. 33179

TITLE TSD
 NAME PEREZ, ELIO C ☒ Delete
 STREET ADDRESS 13390 NE 7TH AVE #203
 CITY-ST-ZIP N. MIAMI FL 33160

TITLE VP
 NAME RICKE, SAUL ☐ Change ☒ Addition
 STREET ADDRESS 18373 NE. 4 CT.
 CITY-ST-ZIP N. MIAMI BEACH, FL. 33179

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

SAMUEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00

305-999-6663

CR2E034 (9/99)