

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055361

1. Entity Name

A & A FAMILY FOODS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90007 043 ***150.00

Principal Place of Business

Mailing Address

3801 NW 9TH AVENUE
 OAKLAND PARK FL 33309

3801 NW 9TH AVENUE
 OAKLAND PARK FL 33309-5067

00027758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

A & A FAMILY FOODS INC

A & A FAMILY FOODS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3801 NW 9th AVE

3801 NW 9th AVE

City & State

City & State

OAKLAND PARK FL

OAKLAND PARK FL

Zip

Country

33309

BROWARD

Zip

Country

33309

BROWARD

4. FEI Number

65-0760042

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

~~MICHAEL, MICHAEL K~~
~~441 NW 38TH STREET~~
~~OAKLAND PARK FL 33309~~

Michael Michael
 3901 NW 19th Ave.
 Oakland Park, FL 33309

Name

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

City

FL

Zip Code

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 0
 MICHAEL, MICHAEL K
 441 NW 38TH ST.
 OAKLAND PARK FL 33309 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MICHAEL MICHAEL
 3901 NW 19th AVE
 OAKLAND PARK FL 33309 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 0
 MICHAEL VIJAYAMMA
 441 NW 38TH ST.
 OAKLAND PARK FL 33309 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MICHAEL MICHAEL VIJAYAMMA
 3901 NW 19th AVE
 OAKLAND PARK FL 33309 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-2000

Date

954 5681941

Daytime Phone #

CR2E034 (9/99)