

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000100063**

1. Entity Name

VENECIA FOOD, CORPORATION

Principal Place of Business

**3320 W. 84TH ST.
BAY #1
HIALEAH FL 33018**

Mailing Address

**3320 W. 84TH ST.
BAY #1
HIALEAH FL 33018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0796148

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANGELO
3616 S.W. 57TH AVE
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

Angelo F. Rodriguez

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

6830 Sunrise Pl.

City

Coral Gables

FL

Zip Code

33133

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**P
RODRIGUEZ, ANGELO
3616 SW 57TH AVE
MIAMI FL 33155**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**ST
RODRIGUEZ, YAMILET
3616 SW 57TH AVE
MIAMI FL 33155**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

**FILED
Jan 17, 2001 8:00 am
Secretary of State**

01-17-2001 90090 009 ***150.00



DO NOT WRITE IN THIS SPACE

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