

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-03-2000 90001 002 ***150.00

DOCUMENT # P97000104029

1. Entity Name

FOOD TIME PRODUCTS OF MIAMI, INC.

Principal Place of Business

1100 W. 29TH ST
 #8
 HIALEAH FL 33012
 US

Mailing Address

1100 W. 29TH ST
 #0
 HIALEAH FL 33012-5013
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0804522

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

VILLARROEL, JOSE
 1100 W 29TH STREET, #8
 HIALEAH FL 33012

Name **VILLARROEL, JOSE**

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

1100 W. 29TH ST #8

City

Hialeah

FL

Zip

33012

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	PVTS VILLARROEL, JOSE 15742 WOODGATE PLACE SUNRISE FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARROEL, JOSE 15742 WOODGATE PLACE SUNRISE FL 33326	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #