## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State P97000104029 DOCUMENT # 1. Entity Name 05-21-2002 90895 043 \*\*\*158.75 FOOD TIME PRODUCTS OF MIAMI, INC. Principal Place of Business Mailing Address 18382 SW 33 ST 18302 SW 33\_ST MIRAMAR FL 33029 MIRAMAD FL 33029 2. Principal Place of Business 3. Mailing Address 1132 West 2th St 1132 West 2th St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0804522 Not Applicable HIALEAH HIALEAH Country \$8.75 Additional 5. Certificate of Status Desired 33012 33012 MIAMI DADE MIAMI DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSE VILLARROEL -<del>Cortes: Alfred</del>o Street Address (P.O. Box Number is Not Acceptable) -18902 SW 33 STREE <del>1132 West 29 St</del> MIRAMAR FL 33029 HTALEAH Zip Code 33012 ose of chanding its registered office or registered agent, or both, in the State of Florida 8. The above named nite his statement for the SIGNATUS FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) PDT ☐ Addition Delete TITLE TITLE CORTES: ALFREDO NAME NAME VILLARROEL, STREET ADDRESS STREET ADDRESS <del>18302 SW 33 ST</del> 1132 West 29th St CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL 33029 HIALEAH FL 33012 ☐ Addition Change ☐ Delete TITLE NAME NAME VILLARROEL, JOSE STREET ADDRESS STREET ADDRESS 1480 NW 110 AVE. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 . Delete: ---TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE