FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90175 025 ***150.00

DOCUMENT # P9800001040

1. Corporation Name

UNITED FOOD AND BEVERAGE DISTRIBUTION, INC.

Principal P ac	e of Business		Mailing Address				r (201624) era rater rater anere agint parit asilt	PE(S) 11911 98111	2124 S24 (26)
18227 NE 4TH	COURT		18227 NE 4TH COURT						
NORTH MIAMI BEACH FL 33162			NORTH MIAMI BEACH FL	33162			DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed		•
							01/06/1998		
2 Principal P	lace of Business		2a. Mailing Address				4. FEI Number	Ap	r lied For
_	ace of Dusiness		26				245-0807927		t Applicable
Suite, Act.	#. etc.		Suite, Apt. #, etc.					\$8.75	viditional
22	,		27				5. Certifcate of Status Desired	Fee Re	c uired
City & Stat	te		City & State		_		6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution	Added t	c Fees
Zip	Cou	ur try	Zip	Cou	ntry		8. This corporation owes the current year int		
24	25		29	30			Persor al Property Tax.	Yes	∏No
	9. Name and Ad	Idress of Curren	t Registered Agent		1		10. Name and Address of New Registered	Agent	
Cit Vi	CDC CLICALDEE				81	Name			
SILVERS, ELLEN DEE 19495 BISCAYNE BLVD SUITE 400					82	Street Acdi	ress (P.O. Box Number is Not Acceptable)		
					L				
AVE	NTURA FL 33180				83				
					84	City		85 Zip (Code
						•	<u> </u>	.	
office ⊕r r agent. I a	registered agent, or b	oth, in the State i	z and 607.1508, Florida Statu cf Florida. Such change was tions of, Section 607.0505, Fl	authorized	1 bv	the corporation	poration submis this statement for the purpose of on's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose	ntment as re	gistered
SIGNATUFE	Signature, typed or printed	na ne of registered agen	and title if applicable. (NOT	≛: Registered	Agen	nt signature require	ed when reinstating) OATE		
12.		OFFICERS AN	() DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD		☐ DELETE	☐ DELETE 1.1 TITE				☐ Change	☐ Addition
NAME	GOLDMAN, JAY			1.2 N	1.2 NAME				
STREET ADDRESS				1.3 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP	AVENTURA FL 3	33180		1.4 CI	1.4 CITY-ST-ZIP				
TITLE			☐ DELETE	2.1 TI	2.1 TITLE			Change	☐ Addition
NAME	!			2.2 NA	ME.				
STREET ADDRESS				2.3 S1	REET	FADDRESS			
CITY-ST-ZIP				2.4 C	ITY-S	ST-ZIP			
TITLE			☐ DELETE	3 1 TI	TLE			Change	Addition
NAME	•			3 2 N/	AME				
STREET ADDRESS	ļ			3.3 STREET ADDRES		TADDRESS			
CITY-ST-ZIP									
TITLE				3.4. C	ITY-5	51-Z!P			
			☐ DELETE	3.4. C	_	51-219		Change	Addition
NAME			☐ DELETE	_	TLE	-2117		Change	Addition
-			☐ DELETE	4.1 T/ 4.2 N	TLE AME	TADORESS		Change	☐ Addition
STREET ADDRESS			☐ DELETE	4.1 T/ 4. 2 N 4.3 ST	TLE AME TREET	T ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 T/ 4.2 N	TLE AME TREET	T ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			_	4.1 T/I 4. 2 N 4.3 ST 4.4 C/I	TLE AME TREET TY-SI TLE	T ADDRESS			_
STREET ADDRESS CITY-ST-ZIP			_	4.1 T/ 4. 2 N 4.3 ST 4.4 C/ 5.1 T/ 5.2 N/	TLE AME TREET TY-SI TLE AME	T ADDRESS			_

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

☐ Addition