

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010742

1. Entity Name

FOOD ACTION, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

06-09-2000 90213 017 ***150.00

Principal Place of Business

448 ESPANOLA WAY
MIAMI BEACH FL 33139

Mailing Address

448 ESPANOLA WAY
MIAMI BEACH FL 33139

2. Principal Place of Business

448 ESPAÑOLA WAY

3. Mailing Address

448 ESPAÑOLA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FLORIDA

City & State
MIAMI BEACH, FLORIDA

4. FEI Number
65-0938073

APPLIED FOR

Applied For

Not Applicable

Zip
33140

Country
MIAMI-DADE

Zip
33140

Country
MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGA, JOSE
25 S.E. 2 AVE
410
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
RODOLFO A. STEINBRECHER

Street Address (P.O. Box Number is Not Acceptable)
4045 E. SHERIDAN AVENUE #400

City MIAMI BEACH

FL

Zip Code
33140

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)

07/05/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP CULOTTA, MARCELO E 448 ESPANOLA WAY MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEIMBRECHER K., RODOLFO 448 ESPANOLA WAY MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEINBRECHER, RODOLFO A 448 ESPANOLA WAY MIAMI BEACH, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/2000 (305) 532-5505

Date

Daytime Phone #

Doc# P98000010742
38768

July 12, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Subject: Food Action, Inc.
Reference Number: P98000010742

Dear Sir or Madam:

We received a letter from you saying that the report was not filed because it was received late, and that there is a balance due of \$400.00.

The check was sent before the due date. Nevertheless you received it late due to the following reason:

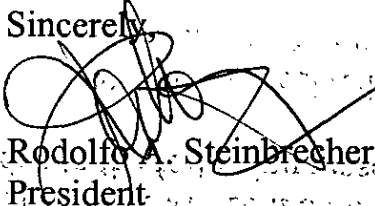
- ❖ We never received the 2000 Uniform Business Report form. Fifteen days before the due date, we called your department requesting this form and we were told they were going to send it. We waited a few days and because we did not receive it, we sent a check along with a copy of the 1999 form. We sent it doubting if the correct amount was being sent.

After receiving your letter, we called you again explaining the above and we were asked to do it in writing.

Now, we are asking you to please waive the assigned late fees for the above facts and reasons.

We will be waiting for your positive response, soon!

Sincerely,


Rodolfo A. Steinbrecher
President