

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90121 028 ***150.00

DOCUMENT # **P98000021162**

1. Entity Name
DELRAY FOOD DISTRIBUTION, INC.

Principal Place of Business

Mailing Address

~~8063 WEST MCNAB RD.~~
~~TAMARAC FL 33321~~

~~8063 WEST MCNAB RD.~~
~~TAMARAC FL 33321~~

2. Principal Place of Business

3. Mailing Address

4816 N. UNIVERSITY DR
 Suite, Apt. #, etc.

4816 N. UNIVERSITY DR
 Suite, Apt. #, etc.

City & State
LAUDERHILL, FL

City & State
LAUDERHILL, FL

Zip Country
33351 USA

Zip Country
33351 USA

4. FEI Number **65-0818515**

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

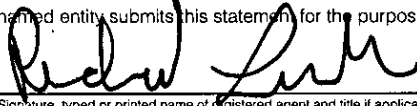
Name

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

4816 N. UNIVERSITY DR

City **LAUDERHILL** FL Zip Code **33351**

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 

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LIVADAS, RICHARD T**
 STREET ADDRESS **8063 WEST MCNAB RD.**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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 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

4/23/01

Date

954-746-7671

Daytime Phone #

CR2E034 (10/00)