

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027604

1. Entity Name

CATALINA FOOD PRODUCTS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90160 015 ***150.00

Principal Place of Business

Mailing Address

3333 WALLER ST
 JACKSONVILLE FL 32222

8817 SCARLET OAK COURT
 JACKSONVILLE FL 32222-1754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3508471

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, MICHELE
 8817 SCARLET OAK COURT
 JACKSONVILLE FL 32222

Name

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

City

FL

Zip Code

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] (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	MD	<input type="checkbox"/> Delete
NAME	CUEVAS, GABRIEL SR.	
STREET ADDRESS	8436 WAGENHALS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUEVAS, CATALINA	
STREET ADDRESS	8436 WAGENHALS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	P	<input type="checkbox"/> Delete
NAME	CUEVAS, GABRIEL JR.	
STREET ADDRESS	8817 SCARLET OAK COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	S	<input type="checkbox"/> Delete
NAME	CUEVAS, MICHELE	
STREET ADDRESS	8817 SCARLET OAK COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUEVAS, MANUEL	
STREET ADDRESS	3535 BRENT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUEVAS, RAFAEL	
STREET ADDRESS	8436 WAGENHALS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32222	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6710 Collins Road #2408
CITY-ST-ZIP	JAX, FL 32244
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 (904) 523-9425
 Date Daytime Phone #

CR2E034 (9/99)