## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 23, 2000 8:00 am DOCUMENT # **P98000054488** Secretary of State PRO FOOD MGT., INC. 03-23-2000 90005 006 \*\*\*150.00 Principal Place of Business Mailing Address 7601 EAST COUNTRY CLUB BLVD. 7601 EAST COUNTRY CLUB BLVD. **BOCA RATON FL 33487-1501** BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0855309 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARITON, JACK ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH PINE ISLAND ROAD SUITE 108 PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 12. 11, ァ Addition TITLE TITLE ☐ Delete MURRAY LEFKOWITZ NAME GUDMUNDSSON, EYJO 7601 EAST COUNTRY CLUB BLUD. STREET ADDRESS STREET ADDRESS 7601 EAST COUNTRY CLUB BLVD. BOCA RATON , FL 33487 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** \_\_\_ Change ☐ Addition **⊠** Delete TITLE TITLE BLASI, RALPH NAME STREET ADDRESS STREET ADDRESS 7601 EAST COUNTRY CLUB BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change Addition TITLE ☐ Delete NAME 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-ZIP ☐ Change \_\_\_ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 it 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 employeed 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:

GNATURE AND TYPES OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

3/17/00

561-999-9666

Daytime Phone #