## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P98000056536** Apr 07, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA'S FOOD EQUIPMENT DISTRIBUTOR, INC. 04-07-2000 90082 013 \*\*\*150.00 Principal Place of Business Mailing Address 8951 N. NEW RIVER CANAL RD. 8951 N. NEW RIVER CANAL RD. PLANATION FL 30324-3832 PLANATION FL 33324 3. Mailing Addres 2. Principal Place of Business KAVENS WOOD KOAD RAVENSWOOD KOAD DO NOT WRITE IN THIS SPACE Suite 11. 4. FEI Number Applied For 65-0226529 Not Applicable \$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 FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITI F TITLE De'ete James Veitch 2968 RAVENSWOOD ROAD, Stell NAME NAME VEITCH, JEAN STREET ADDRESS STREET ADDRESS 8951 N. NEW RIVER CANAL R FT Laudendale, Fl. 33312 CITY-ST-ZIP CITY-ST-ZIP PLANATION FL 33324 ☐ Change ☐ Delete TITLE TITLE John Veiter 2968 Ravenswood Road, Ste 111 NAME STREET ADDRESS STREET ADDRESS Pt. Lauderdale, Fl. 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Tom Maloney 2968 RAVENS Wood Road, Ste 111 NAME NAME STREET ADDRESS STREET ADDRESS Ft. Landerdale. Fl. 33312 CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Pt. Lauderdale, Fl. 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby 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 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 frustee 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!

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR