

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092500

1. Entity Name

SAFARI FOOD III CORP.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90200 012 ***150.00

Principal Place of Business

Mailing Address

12801 W. SUNRISE BLVD
 SUITE 231
 SUNRISE FL 33323

1110 BRICKELL AVE.
 7TH FLOOR
 MIAMI FL 33131-3132

2. Principal Place of Business

3. Mailing Address

11401 PINE BLVD
 Suite, Apt. #, etc.
 #408

12801 W. Sunrise Blvd
 Suite, Apt. #, etc.
 #231

City & State
 PEMBROKE PINES, FL

City & State
 Sunrise FL

Zip
 33026

Country
 USA

Zip
 33021

Country
 FL

4. FEI Number 65-0875625

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

LEVINE, ALAN W ESQ.
 1110 BRICKELL AVE.
 7TH FLOOR
 MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable.

(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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PT
 JONES, ROMAN
 1110 BRICKELL AVE.
 MIAMI FL 33131 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPS
 HEMMATI, SIA
 1110 BRICKELL AVE.
 MIAMI FL 33131 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 4140 W 35 Ave
 Hollywood FL 33021 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 CITY-ST-ZIP
☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

CR2E034 (9/99)