

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # 198000105317

1. Entity Name
INTERNATIONAL FOODS CORP

FILED

00 SEP 25 AM 11: 26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
2051 N.W. 15 AVE
MIAMI, FL. 33142

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65 09 45 443 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ASTON LUE
2051 NW 15 Ave
MIAMI, FL. 33142

7. Name and Address of New Registered Agent
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
V. ASTON LUE 2051 NW 15 AVE MIAMI FL. 33142
D MICHELLE A. LUE 2051 NW 15 AVE MIAMI, FL 33142

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
300003416043--9
-10/06/00--01005--009
****163.75 ****163.75
KE

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] 09-13-2000 305 975-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

282

International Foods Corp.
2051 NW 15 Ave
Miami, FL 33142

September 20, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/ Madam:

As I have been instructed, I am writing this letter to state that the initial form sent to us was returned to your office in error, possibly delivered to the incorrect address.

Therefore, I am requesting that the penalty be waived this first time, and to renew our corporate status.

Thank you in advance,

Sincerely,

A handwritten signature in black ink, appearing to read 'Aston Lue', with a stylized flourish at the end.

Aston Lue,
Vice President.