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FILED
Jul 18, 2001 8:00 am
Secretary of State
05-17-2001 91286 017 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014870 (14) No Name Chg

1. Entity Name

IDEAL TROPICAL FOOD INC.

Principal Place of Business: 14208 N.W. 7th AVE. MIAMI, FL. 33168

Mailing Address: P.O. BOX 3112 MIAMI FL. 33269

[redacted]

2. Principal Place of Business: 14208 N.W. 7th AVE.
Suite, Apt. #, etc.
City & State: MIAMI FL. 33168
Zip / Country

3. Mailing Address: P.O.BOX 3112 MIAMI FL. 33269
Suite, Apt. #, etc.
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0896194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VINCENT I. OGBUEFI~~
IDEAL TROPICAL FOOD INC.
2901 CYPRESS AVE.
MIRAMER FL. 33025

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	~~VINCENT I. OGBUEFI, P.O.BOX 3112, MIAMI FL. 33269~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, VINCENT I. OGBUEFI, P.O. BOX 3112, MIAMI FL. 33269	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PATIENCE N. OGBUEFI, P.O.BOX 3112, MIAMI FL. 33269~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRATARY, PATIENCE N. OGBUEFI, P.O. BOX 3112, MIAMI FL. 33269	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Vincent I. Ogbuefi — 04/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Corrections Made Vincent Ogbuefi

Corrected Vincent I. Ogbuefi