

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90140 006 ***150.00

DOCUMENT # P99000026076

1. Entity Name

INTERNATIONAL QUALITY FOODS CORPORATION

Principal Place of Business

**3200 NORTH OCEAN BLVD.
 UNIT 504
 FORT LAUDERDALE FL 33308
 US**

Mailing Address

**3200 NORTH OCEAN BLVD.
 UNIT 504
 FORT LAUDERDALE FL 33308
 US**

2. Principal Place of Business

1823 S. Dixie Hwy

3. Mailing Address

1823 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0905427

Applied For

Not Applicable

Zip 33060

Country

US

Zip 33060

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTILLO B, ALVARO
 1390 BRICKELL AVENUE, SUITE 200
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Alfredo Gomez**

Street Address (P.O. Box Number is Not Acceptable)

3200 N. Ocean Blvd # 504

City **Ft Lauderdale**

FL

Zip Code **33308**

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]

Alfredo Gomez

01/18/02

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **GOMEZ, ALFREDO**
 STREET ADDRESS **3200 NORTH OCEAN BLVD., UNIT 504**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **VPSD** ☐ Delete
 NAME **LOPEZ, PAULA**
 STREET ADDRESS **3200 NORTH OCEAN BLVD., UNIT 504**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **TD** ☐ Delete
 NAME **GOMEZ, ANAMARIA**
 STREET ADDRESS **3200 NORTH OCEAN BLVD., UNIT 504**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/02

Date

954/942-1100

Daytime Phone #

0310431 AV

CR2E034 (9/01)