

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058365

1. Entity Name

UNLIMITED FOODS, INCORPORATED

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90185 028 ***158.75

Principal Place of Business

Mailing Address

10300 SUNSET DRIVE
SUITE 435
MIAMI FL 33176

10300 SUNSET DRIVE
SUITE 435
MIAMI FL 33173-3021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11436 N.W. 50 Terrace
Suite, Apt. #, etc.

3. Mailing Address

11436 N.W. 50 Terrace
Suite, Apt. #, etc.

City & State

Miami, FL
Zip 33178 Country

City & State

Miami, FL
Zip 33178 Country

4. FEI Number

05-0930198

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

TALIESON ADVISORY CORP.
10300 SUNSET DRIVE
SUITE 435
MIAMI FL 33176

Name
Carlos Alberto Hernandez Lopez

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

11436 N.W. 50 Terrace

City Miami

FL

Zip Code 33178

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ LOPEZ, CARLOS ALBERTO	
STREET ADDRESS	CARRERA 81 #33A-7	
CITY-ST-ZIP	MEDELLIN, COLOMBIA S.A.	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	CUARTAS MADRID, MARIA EUGENIA	
STREET ADDRESS	CARRERA 81 #33A-7	
CITY-ST-ZIP	MEDELLIN, COLOMBIA S.A.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

305-499-9763

Daytime Phone #

CR2E034 (9/99)