## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000068915 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name ROYAL FOOD CORP. 04-22-2000 90024 016 \*\*\*150.00 Mailing Address Principal Place of Business 3320 WEST 84TH ST 3320 WEST 84TH ST **BAY #1 BAY #1** HIALEAH FL 33018-4921 HIALEAH FL 33018 2. Principal Place of Business Mailing Address 11330 N.W. 41ET ST. 11330 N.W. 415T Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City& Ştate Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required )NOE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, ANGELA G Street Address (P.O. Box Number is Not Acceptable) 3616 S.W. 57TH AVENUE MIAMI FL 33155 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TIT! F RODRIGUEZ, ANGELO G NAME NAME STREET ADDRESS STREET ADDRESS 3616 S.W. 57TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Addition Delete TITLE Change TITLE RODRIGUEZ, YAMILET NAME STREET ADDRESS STREET ADDRESS 3616 S.W. 57TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true empowered.

SIGNATURE: J

IGNATURE AND TYPED OR PROPERTY NAME OF SIGNING OFFICER OR DIRECTOR

1 4/13/00 (305)465-903 Date Phone #