

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 12, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000070642****1. Entity Name****A & D FOOD EQUIPMENT, INC.****Principal Place of Business**

3715 NW 36 STREET

MIAMI
33142

FL

Mailing Address

3715 NW 36 STREET

MIAMI
33142

FL

2. Principal Place of Business

3711 NW 36 STREET

3. Mailing Address

3711 NW 36 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number**65-0950467****Applied For****Not Applicable**Zip
33142

Country

Zip
33142

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DIAZ ALBERTO M**

3715 NW 36 STREET

MIAMI
33142

FL

7. Name and Address of New Registered Agent**Name****DIAZ ALBERTO M****Street Address (P.O. Box Number is Not Acceptable)**

3711 NW 36 STREET

City
MIAMI**FL**Zip Code
33142**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)

06/12/2000

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, 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	TD	<input type="checkbox"/> Delete
NAME	DE LA VEGA ASUNCION D	
STREET ADDRESS	3715 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	SD	<input type="checkbox"/> Delete
NAME	DE LA VEGA RENE E	
STREET ADDRESS	3715 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ ALBERTO M	
STREET ADDRESS	3715 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMADOR RENE J	
STREET ADDRESS	3711 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ MARIA E	
STREET ADDRESS	3711 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ ALBERTO M	
STREET ADDRESS	3711 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

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: ALBERTO M DIAZ****RD 06/12/2000**