

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90005 027 ***150.00

00056268

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99 0000 746 93
1. Entity Name
 Cornbread Dressing Queen Foods Int'l Inc.

Principal Place of Business 16978 N.E. 19th Ave
Mailing Address North Miami Beach, Fl. 33162

2. Principal Place of Business 16978 N.E. 19th Ave
3. Mailing Address P.O. Box 011013
 Suite, Apt. # etc. North Miami Beach, Fl. N/A
 City & State North Miami Beach, Fl. Miami, Fl.
 Zip 33162 Country U.S. of America Zip 33101 Country U.S. of America

6. Name and Address of Current Registered Agent
 Ava Diane Gardner
 600 N.W. 214 Street #202
 Miami, Fl. 33169

4. FEI Number ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	President / CEO	<input type="checkbox"/> Delete
NAME	Ava Gardner	
STREET ADDRESS	600 N.W. 214 St #202	
CITY-ST-ZIP	Miami, Fl. 33169	
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 I am the officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ava Gardner - Ava Gardner **4-29-01 (305) 308-4311**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)