

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086914

1. Entity Name

INTERNATIONAL TRADING FOOD, CORP.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90078 016 ***150.00

Principal Place of Business

Mailing Address

5151 NW 101 PLACE
MIAMI FL 33178

5151 NW 101 PLACE
MIAMI FL 33178

00040620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5151 N.W 101 Pl

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

4. FEI Number

65-0951550

☒ Applied For

☐ Not Applicable

Zip

33178

Country

U.S.A

Zip

Country

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

MONTES, LINA
5151 NW 101 PLACE
MIAMI FL 33178

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MONTES, LINA 5151 NW 101 PLACE MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23-01

Date

Daytime Phone #

CR2E034 (10/00)