FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90031 021 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.99000094097

1. Entity Name

F.S. Dairy Plant Subsidiary, Inc.

8 1000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~P.O. Box 526642~~	~~P.O. Box 526642~~
Suite, Apt. #, etc. 5800 NW 74th Ave	Suite, Apt. #, etc. 5800 NW 74th Ave
City & State Miami, Florida	City & State Miami, Florida
Zip ~~33152~~ 33166	Country USA
Zip ~~33152-6642~~ 33166	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0473227
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Juan Diaz, Esq

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

7000 NW 52nd St., Second Floor

City: Miami FL Zip Code: 33166

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: X Juan Diaz, Esq. April 30 2002

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Pres/Secy Jose Bared 5800 NW 74th Ave Miami, FL 33166
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002

Date

Daytime Phone #