

**2000 UNIFORM BUSINESS REPORT (UBR)**

9/1

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90004 005 \*\*\*550.00

**DOCUMENT # P99000104322**

1. Entity Name  
**MIAMI GARDENS BABY FOOD CENTER INC.** ✓

Principal Place of Business      Mailing Address  
 766 N.W. 183 STREET      766 N.W. 183 STREET  
 MIAMI FL 33169      MIAMI FL 33169

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0966333**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLANCO, YOLANDA**  
**766 N.W. 183 STREET**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent  
 Name **Yolanda Blanco**  
 Street Address (P.O. Box Number is Not Acceptable) **14406 NW 88 Ave**  
 City **MIAMI**      FL      Zip Code **33018**

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 **Yolanda Blanco**      DATE **8/12/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BLANCO, YOLANDA 14406 N.W. 88 AVENUE MIAMI FL 33018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD BLANCO, OTTO 14406 N.W. 88 AVENUE MIAMI FL 33018</b> <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)(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: **SIGNATURE REQUIRED**      DATE **8/12/00**      (305) 653-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP 21:3034 (5/00)