

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90279 020 ***150.00

SECRETARY AV

DOCUMENT # P99000104322

1. Entity Name
MIAMI GARDENS BABY FOOD CENTER INC.



Principal Place of Business
766 NW 183 ST
MIAMI FL 33169
US

Mailing Address
14406 NW 88 AVENUE
MIAMI FL 33169
US



2. Principal Place of Business
766 NW 183 ST

3. Mailing Address
14406 NW 88 Ave

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
Miami Lakes FL

Zip
33169

Country
USA

Zip
33018

Country
USA

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, OHO
14406 NW 88 AVE
MIAMI FL 33018

7. Name and Address of New Registered Agent

Name
OTTO BLANCO

Street Address (P.O. Box Number is Not Acceptable)
14406 NW 88 Ave

City
Miami

State
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Otto Blanco*

(NOTE: Registered Agent signature required when reinstating)

DATE **3/29/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCO, YOLANDA 14406 N.W. 88 AVENUE MIAMI FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BLANCO, OTTO 14406 N.W. 88 AVENUE MIAMI FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Otto Blanco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/29/03 (305) 905-6149**

Daytime Phone #