

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90038 034 ***150.00

0382497 AV

DOCUMENT # S35989

1. Entity Name

THE BRITISH FOODS CONNECTION CORP.

Principal Place of Business

**1335 S. FEDERAL HIGHWAY
 DEERFIELD BEACH FL 33441**

Mailing Address

**1335 S. FEDERAL HIGHWAY
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

2520 NW 16th LANE

3. Mailing Address

704 S FEDERAL HWY.

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

DEERFIELD BEACH FL

Zip

33064

Country

BROWARD

Zip

33441

Country

BROWARD.

4. FEI Number

65-0267313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SATURN, RICK A.
 301 YAMATO RD.
 S-2110
 BOCA RATON FL 33431**

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

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, 2002 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

TITLE **ST** ☐ Delete
 NAME **MCCLUSKIE, NORMA**
 STREET ADDRESS **2931 NE 40TH ST**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **P** ☐ Delete
 NAME **MCCLUSKIE, SEAN**
 STREET ADDRESS **2931 NE 40TH ST.**
 CITY-ST-ZIP **LIGHTHOUSE PT. FL 33064**

TITLE **P** ☐ Delete
 NAME **MCCLUSKIE, JAMES**
 STREET ADDRESS **2931 NE 40TH ST**
 CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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:

Norma McCluskie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

(954) 421 8175

Daytime Phone #

CR2E034 (9/01)