2000	UNIFORM BUSI	NESS REPOI	RT (UBR	S)				96
Entity Nam	MENT # \$51757 DUSE FOOD BROKERS, INC.	* * * * * * * * * * * * * * * * * * *			FILED			
LIGITITIC	DIOKETO MO		·		00 NOV 13 AM 10: 25			
Principal Place of Business		Mailing Address 13605 W HILLSBOROUGH AVE		_	SECRETARY OF STATE TALEAHASSEE, FLORIDA			
13605 W. HILLSBOROUGH AVE. TAMPA FL 33635		TAMPA FL 33636-9653 Change		d	TATEANASSEC. I COMMENTE DE			
2. Principal Place of Business		3. Mailing Address BN 208			DEINOTATERARIATERA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Mi	REINSTATEMENT PACE LOC			1
City & State		Oldsmar FL		4.	FEI Number 59-3093814	Not	lied For 4: Applicable	
Zip	Country	34677	copyrell	[JS] 5. '		8.75 Addit ee Required	ional	
ž	6. Name and Address of Current R	egistered Agent	Name	7. 1	Name and Address of New Registered Ac	ent		- E
` HASI	Street Ad	ldress (P.O. E	Box Number is Not Acceptable)					
	15 W HILLSBOROUGH AVE SMAR FL 34677							
			City		FL	Zip Code		
8. The above	named entity submits this statement for U . U	the purpose of changing its ri	egistered office or	registered ag	gent, or both, in the State of Florida.	, Λ		
	Signature, typed or printed name of registered agent an		Registered Agent signatur		reinstating) DAFE			_
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200 Make Check Payable	0 Fee will be \$55 e to Department	50.00 of State	10. Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees	
11.	OFFICERS AND D	DIRECTORS Delete	12.	A[DDITIONS/CHANGES TO OFFICERS AND I	□ Change	Addition	(66/
NAME STREET ADDRESS CITY-ST-ZIP	HASHEY, EDWARD F 13605 W. HILLSBOROUGH AVE. TAMPA FL 33635		NAME STREET ADDRESS CITY-ST-ZIP			ls ———		CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VOLLENWEIDER, VIRGINIA 13605 W. HILLSBOROUGH AVE. TAMPA FL 33635	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		4000034908 -12/08/00010 ****200.00	00701	1	5
NAME STREET ADDRESS CITY-ST-ZIP		□ Dēlete	NAME STREET ADDRESS CITY-ST-ZIP	سيود تا بيوود	4000034908 -12/08/00010	'⊡'Change —	- 1 . 1 . 2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	al-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	_		Change	Addition	1
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE			Change	Addition	-
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			·		
13. I hereby indicated of the co-	certify that the information supplied with f on this report or supplemental report is rporation or the receiver or trustee empor i, or on an attachment with in address, w	this filing does not qualify for true and accurate and that m wered to execute this report ith all other like empowered	is required by Una	oter 607, Flor	n 119.07(3)(i), Florida Statutes. I further certie legal effect as if made under oath; that I ar rida Statutes; and that my name appears in	fy that the int n an officer of Block 11 or	formation or director Block 12 if	
SIGNAT	TURE: SIGNATURE AND TYPED OR PR	LILL COLOR SIGNING OFFICER OF	ADIRECTOR	III V	Date Da	ytime Phone #	57//7	1