

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88132

1. Entity Name

AMERICAN FOOD & BEVERAGE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90056 012 ***150.00

Principal Place of Business

Mailing Address

7951 SW 6THS-T
STE 212
PLANTATION FL 33324
US

7951 SW 6TH ST
STE 212
PLANTATION FL 33324-3276
US

2. Principal Place of Business

3. Mailing Address

7449 NW 4 St.
Suite, Apt. #, etc.

7449 NW 4 St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL.
Zip
33317
Country
Broward

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Plantation, FL.
Zip
33317
Country
Broward

4. FEI Number 65-0295366

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZABALA, ALBERT
7951 SW 6TH ST
STE 212
PLANTAION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ZABALA, ALBERT	1405 NW 129 TERR,	SUNRISE FL	<input type="checkbox"/>
V	ANTKIEWICZ, KEVIN	7951 SW 6TH ST STE 212	PLANTATION FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Daytime Phone #

CR2E034 (9/99)