

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90181 031 \*\*\*150.00

**DOCUMENT # V08242**

1. Entity Name

**AMERICAN FOOD MANUFACTURING CORP.**

Principal Place of Business

Mailing Address

7335 N.W. 31ST STREET  
 MIAMI FL 33122-1240

P.O. BOX 52-4183  
 MIAMI FL 33152-4183  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0360762**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUAN C. RIVERO**  
**7335 N.W. 31TH STREET**  
**MIAMI FL 33122-1240**

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	<b>CTD</b>	<input type="checkbox"/> Delete
NAME	<b>RIVERO, JORGE H.</b>	
STREET ADDRESS	<b>CLUB ATLANTIS-2555 COLLINS AVE.,#2406</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>RIVERO, JUAN CARLOS</b>	
STREET ADDRESS	<b>433 W 45TH PLACE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RIVERO, JORGE H. JR.</b>	
STREET ADDRESS	<b>CLUB ATLANTIS 2555 COLLINS AVE 2206</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 JUAN C. RIVERO  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00 305-477-1600  
 Date Daytime Phone #

CR2E034 (9/99)