FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90243 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # V2832 (DOC	JMENT	# \	/28320
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1. Entity Name

FLORIDA FOOD SUPPLY, INC.



				COO WE TWO			
Principal Pla	ace of Business	Mailing Ac	Idress		7		
1111 KANE CONCOURSE		-	E CONCOURSE				
STE 401		STE 401					
BAY HARBO	R ISLAND FL 33154	BAY HARE	BOR ISLANDS FL 30	3154	I FINALE RELIGIO CENOE ENCENA LES	II (2011 0011 01011 02012 01011 010	IN PIRAL ATALE INNA
US		US					
2. Principal	Place of Business	3. Mailing	Address				'II 0 1011
Suite, Apt	t. #, etc.	Suite, Ap	t. #, etc.	··.	CHECK HE	RE IF MAKING CHANG	ES .
City & Sta	& State City & State		4. FEI Number 65-03663	167	Applied For		
Zip	Country	Zip		Country			Not Applicable
					5. Certificate of Status Desire	Fee Requ	ired
	6. Name and Address of C	urrent Registered Ag	ent		7. Name and Address of Ne	w Registered Agent	
0.414.014.00	** *** ****			Name			
SAKOWITZ, ALAN			Ctroot Address	Street Address (P.O. Box Number is Not Acceptable)			
1111 KAN STE 401	NE CONCOURSE			Sileet Address	S (P.O. Box Number is Not Accepta	able)	
	RBOR ISLANDS FL 33154						
9 The blace		<u> </u>		City		FL Zip Ci	
the obligat	e named entity submits this stater tions of registered agent.	ment for the purpose o	f changing its regi	stered office or regist	ered agent, or both, in the State of	Florida. I am familiar wit	h, and accept
SIGNA URE			<u> </u>	·			
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registere	ed agent and title if applicable.	(NOTE: Reg	istered Agent signature requir	red when reinstating)	DATE	
F	ILE NOW!!! FEE IS \$150.0	ю				·	
After	r May 1, 2003 Fee will be \$55 k Payable to Florida Departm	50.00			9. Election Campaign Trust Fund Contribu	~ _ \	.00 May Be ed to Fees
10.) OFFICERS	S AND DIRECTORS		11.	ADDITIONS/CHANGES TO C	PERCERS AND DIRECTO	PS IN 11
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NAME	SAKOWITZ, ROBERT			NAME		□ Gliange	☐ Addition
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NAME	SAKOWITZ, ALAN			NAME		☐ Change	☐ Addition
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CITY-ST-ZIP	BAY HARBOR ISLANDS FL			CITY-ST-ZIP			
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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 flustee emplowered 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 adaptes with all other the employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #