

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90337 045 ***158.75

DOCUMENT # F00000006111

1. Entity Name
OLE' MEXICAN FOODS, INC.



Principal Place of Business
**6585 CRESCENT DRIVE
NORCROSS GA 30071**

Mailing Address
**6585 CRESCENT DRIVE
NORCROSS GA 30071**

11035956



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1847060**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRIFFIN, PATRICK
8140 NORTHWEST 74TH AVE
MIAMI FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

5385 GATEWAY BLVD, #1

City **LAKELAND**

FL

Zip Code **33815**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
MORENO, EDUARDO
2760 BANKERS INDUSTRIAL DRIVE
ATLANTA GA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6585 CRESCENT DRIVE
NORCROSS, GA 30071** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
MORENO, MARIA V
2760 BANKERS INDUSTRIAL DRIVE
ATLANTA GA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6585 CRESCENT DRIVE
NORCROSS, - GA - 30071** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

770/582 9200 ✓

Daytime Phone #

CR2E034 (10/02)