

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90118 021 \*\*\*150.00

**DOCUMENT #** P02000005568

**1. Entity Name**  
BELGOFOODS, INC.

**Principal Place of Business**  
3224 BAY ESTATES DRIVE  
DESTIN FL 32550

**Mailing Address**  
3224 BAY ESTATES DRIVE  
DESTIN FL 32550



030377892

CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
MUSSET BAYOU RD  
Suite, Apt. #, etc.  
35

**3. Mailing Address**  
3224  
Suite, Apt. #, etc.

**4. FEI Number** EIN  
030377892

**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
APPLEBAUM, STEVEN L  
9018 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City, State, Zip Code  
FL

**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]* 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**  \$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	PS ATLAS, MICHEL 3224 BAY ESTATES DRIVE DESTIN FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D ATLAS, DANIEL 3224 BAY ESTATES DRIVE DESTIN FL 32550 <input checked="" type="checkbox"/> Delete</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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]* DATE: 01/15/03 (850) 830-3435

CR2E034 (10/02)