

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90096 017 ***150.00

DOCUMENT # 417465

1. Entity Name

BADIA SPICES, INC.

702134



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

519 S.W. 71ST AVENUE
 MIAMI FL 33144

519 S.W. 71ST AVENUE
 MIAMI FL 33144-0543

2. Principal Place of Business

3. Mailing Address

1400 N.W. 93rd AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

City & State

MIAMI, FL

4. FEI Number

59-1435632

Applied For

Not Applicable

Zip

Country

Zip

Country

33172

USA

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

**BADIA, NANCY
 3529 W FAIRVIEW ST
 COCONUT GROVE FL 33133**

NEW address

Name

BADIA, NANCY

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

9055 HAMMOCK LAKE DR.

City

CORAL GABLES, FL FL

Zip Code

33156

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	P	<input type="checkbox"/> Delete
NAME	BADIA, JOSEPH A.	
STREET ADDRESS	3529 W. FAIRVIEW ST.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	FREDRIKSEN-BADIA, NANCY	
STREET ADDRESS	3529 W. FAIRVIEW ST.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADIA JOSEPH A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

305.986.2321

Daytime Phone #

CR2E034 (9/99)