

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90189 031 ***150.00

DOCUMENT # F99000004066

1. Entity Name
LE GOURMET CHEF, INC.



Principal Place of Business
**2 BRIDGE AVENUE, BUILDING 6
RED BANK NY 07701**

Mailing Address
**2 BRIDGE AVENUE, BUILDING 6
RED BANK NY 07701**



2. Principal Place of Business

149 AVE AT THE COMMON

3. Mailing Address

149 AVE AT THE COMMON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SHREWSBURY, NJ

City & State

SHREWSBURY, NJ

4. FEI Number **22-2544497**

Applied For

Not Applicable

Zip **07702**

Country **MONMOUTH**

Zip **07702**

Country **MONMOUTH**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. 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)

4/1/03

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

TITLE **D** ☒ Delete
NAME **BLACKBURN, JOHN W**
STREET ADDRESS **2 BRIDGE AVENUE, BUILDING 6**
CITY-ST-ZIP **RED BANK NY 07701**

TITLE **ST** ☐ Delete
NAME **SCHAFER, RICHARD S**
STREET ADDRESS **2 BRIDGE AVENUE, BUILDING 6**
CITY-ST-ZIP **RED BANK NY 07701**

TITLE **D** ☒ Delete
NAME **COHEN, CYNTHIA**
STREET ADDRESS **2 BRIDGE AVENUE, BUILDING 6**
CITY-ST-ZIP **RED BANK NY 07701**

TITLE **D** ☒ Delete
NAME **ESPERAN, PILAR**
STREET ADDRESS **2 BRIDGE AVENUE, BUILDING 6**
CITY-ST-ZIP **RED BANK NY 07701**

TITLE **D** ☐ Delete
NAME **JONES, DEREK K**
STREET ADDRESS **2 BRIDGE AVENUE, BUILDING 6**
CITY-ST-ZIP **RED BANK NY 07701**

TITLE **D** ☒ Delete
NAME **MASINTER, MARK**
STREET ADDRESS **2 BRIDGE AVE BLDG 6**
CITY-ST-ZIP **RED BANK NJ 07701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **DAVID BLOOM**
STREET ADDRESS **149 AVE AT THE COMMON**
CITY-ST-ZIP **SHREWSBURY, NJ 07702**

TITLE **S/T** ☒ Change ☐ Addition
NAME **RICHARD SCHAFER**
STREET ADDRESS **149 AVE AT THE COMMON**
CITY-ST-ZIP **SHREWSBURY, NJ 07702**

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES G. GUILD**
STREET ADDRESS **312 WALNUT ST, SUITE 1151**
CITY-ST-ZIP **ATLANTA, GA 30302**

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID YARNELL**
STREET ADDRESS **263 TRESSLER BLVD, 16TH FL.**
CITY-ST-ZIP **STAMFORD, CT 06901**

TITLE **D** ☒ Change ☐ Addition
NAME **DEREK JONES**
STREET ADDRESS **17 STATE ST,**
CITY-ST-ZIP **NEW YORK, NY 10004**

TITLE **D** ☐ Change ☒ Addition
NAME **ED BLOOM**
STREET ADDRESS **103 BUTTWOOD LN,**
CITY-ST-ZIP **FAIR HAVEN, NJ 07704**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

732-578-1550 x

Daytime Phone #

227

CR2E034 (10/02)

0616181 AT