

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M11338

1. Entity Name

GOURMET WATER COMPANY, INC.

Principal Place of Business

916 NE 20TH AVENUE
FT. LAUDERDALE FL 33304

Mailing Address

PO BOX 7462
FT LAUDERDALE FL 33338-7462

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEBEL, ALBERT B
17274 BOCA CLUB ROAD
APT. 2305
BOCA RATON FL 33487

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.

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

TITLE SD
NAME LEBEL, FELIX
STREET ADDRESS PO BOX 7462 ((N/A))
CITY-ST-ZIP FT. LAUDERDALE FL 33338 ☐ Delete

TITLE P
NAME LEBEL, ALBERT
STREET ADDRESS 17274 BOCA CLUB BLVD., APT. 2305
ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Felix Lebel FELIX LEBEL

1/31/00

954.346.7288

Date

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90004 030 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2497131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)