

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90157 010 ***150.00

DOCUMENT # M60215

1. Entity Name

THE FOOD MACHINE INC.

Principal Place of Business

**13740 SW 152ND ST
MIAMI FL 33177**

Mailing Address

**13740 SW 152ND ST
MIAMI FL 33177**

2. Principal Place of Business

15455 SW 137 AVE

Suite, Apt. #, etc.

3. Mailing Address

15455 SW 137 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number **65-0007905**

Applied For

Not Applicable

Zip

Country

33177

USA

Zip

Country

33177

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

**GELSOMINO, AGOSTINO
13740 SW 152ND STREET
MIAMI FL 33177**

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, 2001 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 **PSTD** ☐ Delete
NAME **GELSOMINO, AGOSTINO**
STREET ADDRESS **13740 S.W. 152ND STREET**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☒ Change ☐ Addition
NAME **10700 SW 146 Ct**
STREET ADDRESS **Miami, FL 33186**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Gelsomino**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Gelsomino, Alessandro**
STREET ADDRESS **10700 SW 146 Ct**
CITY-ST-ZIP **Miami, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Alejandro Gelsomino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)