

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90022 027 ***150.00

0248168

DOCUMENT # P00000003011

1. Entity Name
SALAD GOURMET, INC.

Principal Place of Business
**3534 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33308**

Mailing Address
**3534 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0972039

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name **David Hernandez**

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

3000 N UNIVERSITY DR

STE E

City **Coral Springs**

FL

Zip Code **33065**

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]*

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 **PD**
 NAME **BIRNER, RICHARD M**
 STREET ADDRESS **3534 NORTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**
☒ Delete

TITLE **P.T.S.D.**
 NAME **LISA ROSSO**
 STREET ADDRESS **108 CRESTWOOD DR**
 CITY-ST-ZIP **SHIRLEY, N.Y. 11967**
☒ Change ☒ Addition

TITLE **STD**
 NAME **KRBEC, LOUIS 111**
 STREET ADDRESS **3534 NORTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**
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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]* **LOUIS KRBEC** **3/31/01** **954 346 7288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)