

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90041 029 ***150.00

DOCUMENT # P00000101487

1. Entity Name
INTER-GOURMET FOODS CORPORATION

Principal Place of Business

9999 N.W. 89TH AVE

BAY #4

MEDLEY FL 33178-1459

Mailing Address

9999 N.W. 89TH AVE

BAY #4

MEDLEY FL 33178-1459

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 **65-1058194**

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

RUOCCO, ANGELO
11040 BAILEY LANE
TAMARAC FL 33321

Name **Simon Miranda**
Street Address (P.O. Box Number is Not Acceptable)
5617 NW 113 AVENUE
City **Miami** **FL** **Zip Code** **33178**

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

04/24/02

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, 2002 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 **PCED** ☒ **Delete**
NAME **RUOCCO, ANGELO**
STREET ADDRESS **11040 BAILEY LANE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **AURELIO HERNANDEZ**
STREET ADDRESS **5617 NW 113 AVENUE**
CITY-ST-ZIP **MIAMI 33178 FLORIDA**

TITLE **VD** ☒ **Delete**
NAME **COSTA, JAIME**
STREET ADDRESS **11040 BAILEY LANE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **Simon Miranda**
STREET ADDRESS **5617 NW 113 AVENUE**
CITY-ST-ZIP **MIAMI FLORIDA 33178**

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

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **ZURELY HERNANDEZ**
STREET ADDRESS **5617 NW 113 AVENUE**
CITY-ST-ZIP **MIAMI FLORIDA 33178**

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

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

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

TITLE ☐ **Change** ☐ **Addition**
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STREET ADDRESS
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TITLE ☐ **Delete**
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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 all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02 7862559345

Date Daytime Phone #

CR2E034 (9/01)