

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108872

1. Entity Name

GOURMET WATER STORE, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91363 027 ***150.00

767924



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

916 NE 20TH AVE
FT LAUDERDALE FL 33304

916 NE 20TH AVE
FT LAUDERDALE FL 33304

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

65-1065744

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

WARREN, MOFFETT
916 NE 20TH AVE
FT LAUDERDALE FL 33304

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 ☐ Delete
NAME D
STREET ADDRESS WARREN, MOFFETT
CITY-ST-ZIP 916 NE 20TH AVE
FT LAUDERDALE FL 33304

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: *M.D. Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)-522-4324

CR2E034 (10/00)

Attachment

Thomas Marshall Madison, Jr., C.P.A., P.A.

Certified Public Accountant

#P00000108872

767924

May 11, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Gourmet Water Store, Inc.
FEI Number 65-1065744

Please find enclosed the Uniform Business Report for 2001 for the above corporation. This company has recently become our client. When papers were dropped off for handling, this report was inadvertently also enclosed. As soon as this report was discovered, the owner promptly filed.

In lieu of the situation, we are asking that the penalty be waived. Thanks for any assistance you can give this company.

T. M. Madison, Jr.
Thomas M. Madison, CPA, PA

TM/ck

Enc.

2787 East Oakland Park Boulevard, Suite 301
Fort Lauderdale, Florida 33306
954 561 8959 Facsimile 954 561 8190
P.O. Box 11012, Fort Lauderdale, Florida 33339