

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90190 022 ***150.00

DOCUMENT # P00000110542

1. Entity Name
AMALIA'S INTERNATIONAL GOURMET FOODS, INC.



Principal Place of Business
**625 RANCH ROAD
WESTON FL 33326**

Mailing Address
**625 RANCH ROAD
WESTON FL 33326**

2. Principal Place of Business

1865 S. UNIVERSITY DR.

3. Mailing Address

1865 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33324-5805

Country

Zip

33324-5805

Country

4. FEI Number

65-1081177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD, NW, STE 401
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
PAULA AMALIA LABBAD
Street Address (P.O. Box Number is Not Acceptable)
625 RANCH ROAD
City
WESTON FL Zip Code
33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **LABBAD, PAULA AMALIA**
STREET ADDRESS **235 Mallory Ct**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **SVD** ☐ Delete
NAME **DAVIDOV, MARIE LUCILLE**
STREET ADDRESS **625 RANCH ROAD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **LABBAD, JIJAN CARLOS**
STREET ADDRESS **235 Mallory Ct**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **LABBAD, SILVIA A**
STREET ADDRESS **235 Mallory Ct**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **BAILACH, FREDRIC H**
STREET ADDRESS **2526 EAGLE RUN CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)