

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91175 005 \*\*\*150.00

**DOCUMENT # P01000009070**

1. Entity Name  
**BGAR FOODS CORP.**

Principal Place of Business  
**3709 PAMONA ST.  
 DELTONA FL 32738**

Mailing Address  
**3709 PAMONA ST.  
 DELTONA FL 32738**



2. Principal Place of Business  
**750 W. LAKE MARY BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**150 73rd AVE N 1**  
 Suite, Apt. #, etc.  
**#105**

DO NOT WRITE IN THIS SPACE

City & State  
**SANFORD, Florida**

City & State  
**ST PETERSBURG Florida**

4. FEI Number **27-000-3892**  Applied For  
 Not Applicable

Zip **32773** Country **Seminole**

Zip **33702** Country **Danella**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARDEN, FELIX**  
**3709 PAMONA ST.**  
**DELTONA FL 32738**

7. Name and Address of New Registered Agent  
 Name **Felix Garden**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 73rd AVE N #105**  
 City **ST PETERSBURG** **FL** Zip Code **33702**

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

DATE **3/31/02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GARDEN, FELIX 3709 PAMONA ST. DELTONA FL 32738</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Felix Garden</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 73rd AVE N                  ST PETERSBURG, FL 33702</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/31/02** Daytime Phone #

CFR2E034 (9/01)