2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

من سه جو ري

FILED May 01, 2003 8:00 am Secretary of State

DOCUMENT # P0100009070 1. Entity Name BGAR FOODS CORP.						05-01-2003	90978 014	***15	0.00	
Principal Place 750 W LAKE SANFORD, FL		Mailing Address 150 73RD AVE N #105 SAINT PETERSBURG, FL	33702			! ! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	Skii skii skiis	i ibili cb ili		I I
Principal Place of Business Mailing Address Mailing Address										H
Suite, Apt.		Sulte, Apt. ≢, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat		City & State				4. FEI Number 27-0003892		Applied For Not Applicable		
Zip	Country	Zip	Count	try 	- 1	5. Certificate of Status Desired		8.75 Add e Require		
	of Current Registered Agent		Name /	/	7. Name and Address of New F	legistered Age	ent		7	
GARDEN, FELIX 150 73RD AVE N					<u> </u>	D. Box Number is Not Acceptable	9)			-
#105 SAINT PETERSBURG, FL 33702						_ 		·		\dashv
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SIGNATURE	Signaline, typed or primed name of a	equistered agent and time if applicable. (NOTI	E: Roust torou	1 Agent signature re-	unicad wh	An winstalinal	4/24	103		
Afte	FILÉ NOWIII FEE IS LI May 1 2003 Fee Will to Phyable to Florida De	50 00 	-			Election Campaign Fir Trust Fund Contribution			0 May Be d to Fees	1
10.		ICERS AND DIRECTORS	11.			ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11	┪_
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of the con	poration or the receiver or tr	upplied with this filing does not qualify for that report is true and accurate and that mustee empowered to execute this report an address, with all other like empowered.								
SIGNAT		- 4, -				_ 4/24/03	3			
	SKMATURE/AN	TO TYPED OR PRINTED NAME OF SIGNING OFFICER O	OR DIRECTO	XR .		/ Days /	One	e Phone #		1

(Htachment

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100000907 S610318° 1. Entity Name **Bgard Foods Corp** was and and the same of the same of the same and the same of the s DO NOT WRITE IN THIS SPACE Mailing Address 2. Principal Place of Business 651 Birgham Pl 750 W. Lake Mary Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 27-0003892 City & State Not Applicable <u>Lake Marv. Florida</u> Sanford, Florida \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 32746 32746 7. Name and Address of Current Registered Agent 100 mm -Name Garden, Felix DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 651 Birgham Pl Zip Code 32746 ^{City} LakeMary 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. 4/24/03 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of States \$5.00 May Be 9. Election Campaign Financing Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE WAS ILLESTED TO STATE TITLE President A MANAGE NAME Garden,Felix STREET ADDRESS STREET ADDRESS 651Birgham Pl CITY-ST-ZIP l aka Many Elorida 30746 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE STREET ADDRESS STREET ADDRESS CITY ST ZIP ___ IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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 on an attachment with an address, with all other like empowered. 407328-1233 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF G OFFICER OR DIRECTOR