

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

05-01-2003 90978 014 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000009070**

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



Principal Place of Business  
**750 W LAKE MARY BLVD  
SANFORD, FL 32773**

Mailing Address  
**150 73RD AVE N  
#105  
SAINT PETERSBURG, FL 33702**

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  
**27-0003892**

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

**GARDEN, FELIX  
150 73RD AVE N  
#105  
SAINT PETERSBURG, FL 33702**

Name  
**GARDEN, Felix**  
Street Address (P.O. Box Number is Not Acceptable)

**651 Bingham PL  
City LAKE MARY FL Zip Code 32746**

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 installing)

**4/24/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GARDEN, FELIX  
150 73RD AVE N  
SAINT PETERSBURG, FL 33702** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GARDEN, Felix  
651 Bingham PL  
LAKE MARY, FL 32773** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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


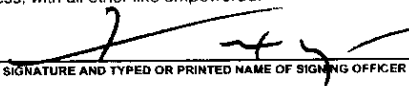
**4/24/03**  
Date

Daytime Phone #

CR2E034 (10/02)

Attachment

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P01000009070			
<b>1. Entity Name</b> Bgard Foods Corp.			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 750 W. Lake Mary Blvd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 651 Birgham Pl Suite, Apt. #, etc.	
<b>City &amp; State</b> Sanford, Florida		<b>City &amp; State</b> Lake Mary, Florida	
<b>Zip</b> 32746	<b>Country</b>	<b>Zip</b> 32746	<b>Country</b>
<b>4. FEI Number</b> 27-0003892		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Garden, Felix			
<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
651 Birgham Pl			
<b>City</b> Lake Mary		<b>FL</b>	<b>Zip Code</b> 32746
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.		<b>DATE</b> 4/24/03	
<b>January 1 - May 1, Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Garden, Felix 651 Birgham Pl Lake Mary, Florida 32746	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>SIGNATURE:</b> 		<b>4/24/03</b>	<b>407328-1233</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b>

copy  
86103184

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CR2E034B (12/02)