

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90220 032 ***150.00

0660369 AR

DOCUMENT # P01000030455

1. Entity Name
FOOD MARKETING COORDINATORS, INC.



Principal Place of Business
**5 SHAWS COVE. STE 203
NEW LONDON CT 06320**

Mailing Address
**5 SHAWS COVE. STE 203
NEW LONDON CT 06320**



2. Principal Place of Business
4121 BURNS ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH GARDENS FL

City & State

4. FEI Number **04-2741636**

Applied For
Not Applicable

Zip
33410

Country
US

Zip

Country

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

**BERROCAL, CARLOS J
801 MAPLEWOOD DR, STE 22-A
JUPITER FL 33458**

Name
RICHARD L. BERBERIAN
Street Address (P.O. Box Number is Not Acceptable)
4121 BURNS ROAD
City
PALM BEACH GARDENS **FL** Zip Code
33410

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BERBERIAN, RICHARD L**
STREET ADDRESS **800 HINGHAM ST, STE 101 SOUTH**
CITY-ST-ZIP **ROCKLAND MA 02370**

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

TITLE **D** ☐ Delete
NAME **BERBERIAN, HAIG**
STREET ADDRESS **800 HINGHAM ST, STE 101 SOUTH**
CITY-ST-ZIP **ROCKLAND MA 02370**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
RICHARD L. BERBERIAN

4/14/03

Date

Daytime Phone #

CR2E034 (10/02)