

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90122 026 ***150.00

DOCUMENT # P01000071486

1. Entity Name
GOURMET PLUS, INC.

Principal Place of Business
6965 PIONEER ROAD
WEST PALM BEACH FL 33413

Mailing Address
~~**6965 PIONEER ROAD**~~
~~**WEST PALM BEACH FL 33413**~~



2. Principal Place of Business
12300 Southshore Blvd

3. Mailing Address
12300 South Shore Blvd

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.
Suite 103

City & State
Wellington, FL 33414

City & State
Wellington, FL 33414

4. FEI Number
65-1132618

Applied For
 Not Applicable

Zip
33414 Country
USA

Zip
33414 Country
USA

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

6. Name and Address of Current Registered Agent

COCUY, JUAN
6965 PIONEER ROAD
WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

Name **Ronald Miranda**
 Street Address (P.O. Box Number is Not Acceptable)
12300 South Shore Blvd
Suite 103
 City **Wellington, FL** Zip Code **33414**

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 **Ronald Miranda** **4/27/02** **President**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **PD** ☐ Delete
 NAME **MIRANDA, RONALD**
 STREET ADDRESS **13860-33 WELLINGTON TRAVE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VTSD** ☒ Delete
 NAME **COCUY, JUAN**
 STREET ADDRESS **6965 PIONEER ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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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: **Ronald Miranda**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02
 Date

Daytime Phone #

CR2E034 (9/01)