

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089403

1. Entity Name

P & G GOURMET PRODUCTS INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business :

2332 FORTUNE ROAD

Suite, Apt. #, etc.

SUITE 140

City & State

KISSIMMEE FL

Zip

34744

Country

3. Mailing Address

2332 FORTUNE ROAD

Suite, Apt. #, etc.

SUITE 140

City & State

KISSIMMEE FL

Zip

34744

Country

4. FEI Number

65-1150322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

J.A.O. SERVICES INC.

7802 KINGSPORTE PARKWAY

205

ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(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: P  
NAME: GONZALEZ, GABRIELA  
STREET ADDRESS: 2338 MARGARITA COURT  
CITY-ST-ZIP: KISSIMMEE FL 34741 ☐ Delete

TITLE: VICE-PRES  
NAME: COPPOLILLO, OMAR  
STREET ADDRESS: 2328 MARGARITA COURT  
CITY-ST-ZIP: KISSIMMEE FL 34741 ☐ Delete

TITLE: SEC/TREAS.  
NAME: MANUEL FERNANDEZ  
STREET ADDRESS: 2245 E. 192  
CITY-ST-ZIP: KISSIMMEE FL 34744 ☒ Delete

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

Daytime Phone #

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90395 006 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

4/29/02