

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90280 032 ***150.00

DOCUMENT # P02000028275

1. Entity Name
ARAMOUNI GOURMET FOODS, INC.



Principal Place of Business
1726 S.W. BILTMORE STREET
PORT ST. LUCIE FL 33498

Mailing Address
1726 S.W. BILTMORE STREET
PORT ST. LUCIE FL 33498

2. Principal Place of Business
10851 FOX GLEN DRIVE
Suite, Apt. #, etc.

3. Mailing Address
10851 FOX GLEN DRIVE
Suite, Apt. #, etc.

City & State
BOCA RATON, FL
Zip
33428
Country
U.S.A.

City & State
BOCA RATON, FL
Zip
33428
Country
U.S.A.

4. FEI Number
03-0412411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARAMOUNI, ANTOINE R
10851 FOX GLEN DRIVE
BOCA RATON FL 33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Antoine Aramouni - President DATE 04-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE: ☐ Delete
NAME: ARAMOUNI, ANTOINE R
STREET ADDRESS: 10851 FOX GLEN DRIVE
CITY-ST-ZIP: BOCA RATON FL 33428

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

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

11. 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:

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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 all other like empowered.

SIGNATURE: Antoine Aramouni - President DATE 04-21-03 DAYTIME PHONE # 561-706-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)