

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90073 015 \*\*\*150.00

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DOCUMENT # P02000030743

1. Entity Name

LUIGI BODY & SOUL FOOD TO GO, INC.



Principal Place of Business

1865 BRICKELL AVE A1503  
MIAMI FL 33129

Mailing Address

1865 BRICKELL AVE A1503  
MIAMI FL 33129

2. Principal Place of Business

7001 BISCAYNE BLVD.

3. Mailing Address

7001 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL.

City & State

MIAMI - FL.

4. FEI Number

371424715

Applied For

Not Applicable

Zip

33138-5736

County

DADE

Zip

33138-5736

County

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, JOSE R JR

1865 BRICKELL AVE A1503

MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

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

7001 BISCAYNE BLVD

City

MIAMI

FL

Zip Code

33129

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]*

JOSE R. GUTIERREZ, JR. - PRESIDENT

APRIL 11, 2003

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JOSE R JR	
STREET ADDRESS	1865 BRICKELL AVE A1503	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERNANDES, JOAQUIM	
STREET ADDRESS	1865 BRICKELL AVE A1503	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JOSE R	
STREET ADDRESS	1865 BRICKELL AVE A1503	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7001 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI - FL. 33138-5736	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7001 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI - FL. 33138-5736	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7001 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI - FL. 33138-5736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3353

CR2E034 (10/02)