

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

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

04-17-2003 90604 012 ***150.00

DOCUMENT # **P02000067404**



1. Entity Name
THE EDUCATIONAL GOURMET, INC.

Principal Place of Business
**370 MINORCA AVENUE
6
CORAL GABLES FL 33134**

Mailing Address
**370 MINORCA AVENUE
6
CORAL GABLES FL 33134**

55039665



2. Principal Place of Business
19601 NE 19 AVENUE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
No. MIAMI BCH FL

City & State

4. FEI Number

Applied For
 Not Applicable

Zip
33179

Country
USA

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

**COE, JACK M
370 MINORCA AVENUE
6
CORAL GABLES FL 33134**

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

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 **Partners Sec-Treas-Dia** Delete
NAME **ALVIN BAKET**
STREET ADDRESS **19601 NE 19 AVENUE**
CITY-ST-ZIP **No. MIA. BCH. FL 33179**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PARTNER Pres-D** Delete
NAME **ALFRED PEREIRA**
STREET ADDRESS **512 SAN LORENZO AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PARTNER VP-D** Delete
NAME **JOSIE RANIREZ**
STREET ADDRESS **1200 S. ALWAMBA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL 33144**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03 305.582.7830
Date Daytime Phone #

CR2E034 (10/02)