

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90699 012 ***150.00

DOCUMENT # **PO3000119205**

1. Entity Name

ALIDA GOURMET FOOD INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2057 Ambassador Ct

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

SUNNY HILLS

City & State

FL 3

Zip **32928**

Country

USA

Zip

Country

4. FEI Number

52-2407570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Spiegel & Utrera, P.A.**

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

1840 Coral Way, 4th Floor

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 state if applicable.

(NOTE: Registered Agent signature required when not applying)

DATE

RECEIVED
May 11, 2004
FEE \$5.00
APPROVED
May 11, 2004
STATE SECRETARY
STATE OF FLORIDA

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **Amilear Robert**
STREET ADDRESS **2057 Ambassador Ct**
CITY-ST-ZIP **SUNNY HILLS, FL 32928**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2004

Copy to Form 6

CR2E0346 (12/02)