

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14208

1. Entity Name

VITREX GOURMET CORP.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90023 046 ***150.00

Principal Place of Business %PABLO GARCIA-MORENO BAKER & MCKENZIE 12176 SW 128TH ST. MIAMI FL 33186 US	Mailing Address %PAVLO GARCIA-MORENO BAKER & MCKENZIE ONE PRUDENTIAL PLAZA CHICAGO IL 60601 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1720956**

Applied For
Not Applicable

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDRES IZUZQUIZA ABRIL	
STREET ADDRESS	POL. I, MALPICA C/F 90-91	
CITY-ST-ZIP	ZARAGOZA, SPAIN	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pablo Saenz de Buruaga	
STREET ADDRESS	Poligono Ind. Malpica, Calle F, parcelas 90-91	
CITY-ST-ZIP	50016 Zaragoza SPAIN	

TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, ENRIQUE VALLESPIN	
STREET ADDRESS	POL. I, MALPICA C/F 90-91	
CITY-ST-ZIP	ZARAGOZA, SPAIN	

TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pablo Garcia-Moreno	
STREET ADDRESS	130 E. Randolph Drive, Suite 3600	
CITY-ST-ZIP	Chicago, IL 60601	

TITLE	VP	<input type="checkbox"/> Delete
NAME	BENEDI, JOSE A JR	
STREET ADDRESS	12176 SW 128TH ST	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SARRIA, ANTONIO BENEDI	
STREET ADDRESS	P ROSALES, 28	
CITY-ST-ZIP	ZARAGOZA, SPAIN	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, ADOLFO C	
STREET ADDRESS	POL. I, MALPICA C/F 90-91	
CITY-ST-ZIP	ZARAGOZA, SPAIN	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ARBUNIES, JOSE A	
STREET ADDRESS	POL. I, MALPICA C/F 90-91	
CITY-ST-ZIP	ZARAGOZA SP	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

2-17-2000 (305) 253-4969

CR2E034 (9/99)