

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90090 025 \*\*\*150.00

**DOCUMENT # P14208**

1. Entity Name

**VITREX GOURMET CORP.**

Principal Place of Business

Mailing Address

**%PABLO GARCIA-MORENO BAKER & MCKENZIE**  
**12176 SW 128TH ST.**  
**MIAMI FL 33186**  
**US**

**%PAVLO GARCIA-MORENO BAKER & MCKENZIE**  
**ONE PRUDENTIAL PLAZA**  
**CHICAGO IL 60601**  
**US**



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

DO NOT WRITE IN THIS SPACE

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, 2002 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 **S** ☐ Delete  
NAME **BURUAGA, DE PABLE S**  
STREET ADDRESS **POL. IND. MALPICA, CALLE F, PARCELAS 90-9**  
CITY-ST-ZIP **ZARAGOZA SP 50016**

TITLE **President and Director** ☐ Change ☒ Addition  
NAME **Ramon Casajuana Pages**  
STREET ADDRESS **Pol. Ind. Malpica, Calle F, Parcelas 90-9**  
CITY-ST-ZIP **Zaragoza, Spain 50016**

TITLE **AS** ☐ Delete  
NAME **MORENO-GARCIA, PABLO**  
STREET ADDRESS **130 E. RANDOLPH DR., SUITE 3600**  
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete  
NAME **BENEDI, JOSE A JR**  
STREET ADDRESS **12176 SW 128TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☒ Delete  
NAME **SARRIA, ANTONIO BENEDI**  
STREET ADDRESS **P ROSALES, 28**  
CITY-ST-ZIP **ZARAGOZA, SPAIN**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
NAME **MARTIN, ADOLFO C**  
STREET ADDRESS **POL. 1, MALPICA C/F 90-91**  
CITY-ST-ZIP **ZARAGOZA, SPAIN**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
NAME **ARBUNIES, JOSE A**  
STREET ADDRESS **POL. 1, MALPICA C/F 90-91**  
CITY-ST-ZIP **ZARAGOZA SP**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-18-02*

(305) 253-4969

CR2E034 (9/01)