

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90023 001 ***150.00

0575204 AT

DOCUMENT # P16305
 1. Entity Name
FOOD GROUP, INC.

Principal Place of Business 60 MADISON AVENUE NEW YORK NY 10010	Mailing Address 60 MADISON AVENUE NEW YORK NY 10010
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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 13-2653267	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD.,INC.
1406 HAYS STREET
STE. 2
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AXLEROD, DONALD	
STREET ADDRESS	60 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOTTWALS, DAVID S.	
STREET ADDRESS	3390 AUTOMALL DRIVE	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91362	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEARLMAN, PHILIP J	
STREET ADDRESS	2805 WEST BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAGER, ROBERT	
STREET ADDRESS	2805 WEST BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MUSCARELLO, TOM	
STREET ADDRESS	60 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: *Tom Muscarello* **Tom Muscarello** **03/22/02** **(212)725-5766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)