2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90125 034 ***150.00

. 000 (1)	1001 ; 1110.								
Principal Place of Business 60 MADISON AVENUE NEW YORK NY 10010		Mailing Address 60 MADISON AVENUE NEW YORK NY 10010							
2. Principal Place of Business		3. Mailing Address				DI BOLL BIBIL BIBIL B	BII BIEH BI	BH CION NON	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			13-205320/		pplied For of Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired		.75 Add Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered Age	nt		
	Name	.	=====================================						
NATIONAL CORPORATE RESEARCH,LTD., INC.			Street A	Street Address (P.O. Box Number is Not Acceptable)					
103 N. MERIDIAN STREET									
TALLAHASSEE FL 32301-0000]	
			City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	9	
	named entity submits this statement for	the purpose of changing its re	egistered office of	or registere	ed agent, or both, in the State of Flo	rida. I am famil	iar with, a	and accept	
gu	and the second second	,							
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ature required	when reinstating)	DATE			
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				9. Election Campaign Fin	~ —		O May Be	
	Payable to Florida Department of	State			Trust Fund Contribution	n. 🗆	Added	I to Fees	
10.	OFFICERS AND	I	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIF	RECTORS	3 IN 11	
TITLE	PD	☐ X Delete	TITLE	PD	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Change	☐ Addition	
NAME	AXLEROAD, DONALD		NAME		er, Robert				
STREET ADDRESS	60 MADISON AVENUE		STREET ADDRESS		Flagship Drive				
CITY-ST-ZIP	NEW YORK NY 10010		CITY-ST-ZIP		z, FL 33549				
TITLE	VD	X Delete	TITLE	}			Change	Addition	
NAME	GOTTWALS, DAVID S.		NAME STREET ADDRESS					}	
STREET ADDRESS CITY-ST-ZIP	3390 AUTOMALL DRIVE WESTLAKE VILLAGE CA 91362		CITY-ST-ZIP						
TITLE	V	☐ Delete	TITLE	v		- TV	Change	☐ Addition	
NAME:	PEARLMAN, PHILIP J	الما الما الما الما الما الما الما الما	- NAME	1 '	rlman, Philip J		Onungo		
STREET ADDRESS	2805 WEST BUSCH BLVD.		STREET ADDRESS		Flagship Drive				
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP		z, FL 33549				
TITLE	V	☐X Delete	TITLE		, 12 33313		Change	☐ Addition	
NAME	HAGER, ROBERT		NAME						
STREET ADDRESS	2805 WEST BUSCH BLVD.		STREET ADDRESS	ļ					
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP	 			Charter	[T] Addition	
TITLE NAME	CFO / COO MUSCARELLO, TOM	Delete	TITLE NAME		4	ιX	Change	☐ Addition	
STREET ADDRESS	60 MADISON AVE	المانية المستخدم الأعلام المانية المان المانية المانية الماني	STREET ADDRESS						
CITY-ST-ZIP	NEW YORK NY 10010	الراغط اليجارات والمتبعث فالمتعدد في	CITY-ST-ZIP						
TITLE	and a great second	Delete e 1	TITLE TOUR	1.2		· -: □	Change	Addition .	
NAME			NAME			•	•		
STREET ADDRESS			STREET ADDRESS			* *	. •		
CITY-ST-ZIP			CITY-ST-ZIP	1					

12. I hereby certify that the information supplied with this filling 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:

M. T. Tom Muscare

01/17/03

Date

(212)725-5766

Daytime Phone #

CR2E034 (10/02)