

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90261 022 ***150.00

DOCUMENT # P93000048089

1. Entity Name

GOURMET PRODUCTS, INC.

Principal Place of Business

**2855 S. CONGRESS AVE
 SUITE C
 DELRAY BEACH FL 33445
 US**

Mailing Address

**2855 S. CONGRESS AVE
 SUITE C
 DELRAY BEACH FL 33445
 US**

2. Principal Place of Business

1925 W Copans Rd
 Suite, Apt. #, etc.

3. Mailing Address

1925 W Copans Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0426757

Applied For

Not Applicable

Zip

33064

Country

US

Zip

33064

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FOGEL, MITCHELL C
 2499 GLADES RD.
 SUITE 105
 BOCA RATON FL 33431**

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

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

TITLE **D** ☐ Delete
 NAME **HADLER, BARRY E**
 STREET ADDRESS **2241 NW 129TH TERR**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
 NAME **HADLER, LUCRECIA A**
 STREET ADDRESS **2241 NW 129TH TERR**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
 Date

954-956-0171
 Daytime Phone #

CR2E034 (9/01)