

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058765

1. Entity Name

BOTTICELLI FOODS, INC.

Principal Place of Business

1915 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

Mailing Address

1915 PONCE DE LEON BLVD
CORAL GABLES FL 33134-4412
US

2. Principal Place of Business

POB 140997

Suite, Apt. #, etc.

3. Mailing Address

POB 140997

Suite, Apt. #, etc.

City & State

C. GABLES, FL

City & State

C. GABLES, FL

Zip

Country

33114

US

Zip

Country

33114

US

4. FEI Number

65-0436085

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAWELEK, CATHERINE
922 OBISPO AVE
CORAL GABLES FL 33134

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

Catherine Pawelek

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

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

TITLE TP
NAME PAWELEK, CATHERINE
STREET ADDRESS 922 OBISPO AVE
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE VS
NAME PAWELEK, JOSE L
STREET ADDRESS 922 OBISPO AVE
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Catherine Pawelek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

305-6658550

Daytime Phone #

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90168 001 ***150.00

05-23-2000 90168 002 *****8.75

10000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)