

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90202 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008611

1. Entity Name

Food All Over International



DO NOT WRITE IN THIS SPACE

90008734

2. Principal Place of Business
6995 NW 84 Avenue

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33166

Country
USA

3. Mailing Address
6995 NW 84 Avenue

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33166

Country
USA

4. FEI Number
65-0467390

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ramon Maranges

(NOTE: Registered Agent signature required when re-attaching)

DATE

1/17/03

January 1 - May 1 Fee is \$150.00

After May 1; Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDTS
Maranges, Ramon
9540 SW 104th Street, Miami, FL. 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vpdt
Maranges, Mike
10881 NW 29 Street, Miami, FL. 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ramon Maranges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

Daytime Phone #

CRZE034B (12/02)