

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90112 002 \*\*\*150.00

**DOCUMENT # P95000032902**

1. Entity Name

**GOURMET ADVENTURES, INC.**

Principal Place of Business

2674 NW 41ST STREET  
 BOCA RATON FL 33434  
 US

Mailing Address

2674 NW 41ST STREET  
 BOCA RATON FL 33441-5021  
 US

2. Principal Place of Business

461 SE 18th AVE  
 Suite, Apt. #, etc.

3. Mailing Address

461 SE 18th AVE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

4. FEI Number

65-0589291

Applied For

Not Applicable

Zip

33441

Country

Broward

Zip

33441

Country

Broward

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, AL  
 2674 N.W. 41ST STREET  
 BOCA RATON FL 33434

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

*Alan J. Goldberg*

(address)

1/26/2000

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.

**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	PT	<input type="checkbox"/> Delete
NAME	GOLDBERG, AL	
STREET ADDRESS	2674 N.W. 41ST STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDBERG, JOAN	
STREET ADDRESS	2674 N.W. 41ST STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	GOLDBERG AL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	461 SE 18th AVE	
STREET ADDRESS	Deerfield Beach FL 33441	
CITY-ST-ZIP		
TITLE	Joan Goldberg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	461 SE 18th AVE	
STREET ADDRESS	Deerfield Beach FL 33441	
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)(l), 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:

*Alan J. Goldberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2000 571 5129

CR2E034 (9/99)