

# 2001 UNIFORM BUSINESS REPORT (UBR).

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90064 044 \*\*\*150.00

**DOCUMENT #** P95000034654

1. Entity Name

**FOODALICIOUS, INC.**

Principal Place of Business

Mailing Address

2055 N.E. 151st Street  
 North Miami, FL 33162

2055 N.E. 151st Street  
 North Miami, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0578352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

00022807

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

~~an. Peter C. Gruber, P.A.~~

Street Address (P.O. Box Number is Not Acceptable)

9100 South Dadeland Boulevard

One Datan Center, Suite 910

City

Miami

FL

Zip Code  
 33156

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

2/20/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME President/Director  
 STREET ADDRESS Gary E. Miller  
 CITY-ST-ZIP 2055 N.E. 151st.  
 Miami, FL 33162

TITLE ☐ Delete  
 NAME Vice President/Director  
 STREET ADDRESS Caron Cole  
 CITY-ST-ZIP 2055 NE 151 St.  
 Miami, FL 33162

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary E. Miller, President

Date

Daytime Phone

(305) 945-9000

CR2E034 (11/00)