

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90171 005 ***150.00

DOCUMENT # P95000034654

1. Entity Name
FOODALICIOUS, INC.

Principal Place of Business

2035 N.E. 151ST STREET 2035
NORTH MIAMI FL 33162

Mailing Address

2035 N.E. 151ST STREET 2035
NORTH MIAMI FL 33162

2. Principal Place of Business

2035 N.E. 151 STREET
Suite, Apt. #, etc.

3. Mailing Address

2035 N.E. 151 ST
Suite, Apt. #, etc.

City & State

N. Miami Beach

City & State

N. Miami Beach

4. FEI Number

65-0578352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, CARON

2035 N.E. 151ST STREET 2035
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name CARON COLE

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

2035 NE 151 ST

City N. Miami Beach

FL

Zip 33162

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

Caron Cole

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MILLER, GARY E
2055 NE 151ST STREET
MIAMI FL 33162

☒ **Delete**

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

VD
COLE, CARON
2035 NE 1ST ST
MIAMI FL

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ **Change** ☐ **Addition**

PD
COLE, CARON
2035 N.E. 151 ST
N. MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
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:

Caron Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

305 945 5000

Daytime Phone #

CR2E034 (9/01)