

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90111 046 ***158.75

DOCUMENT # P95000037186

1. Entity Name
VARIETY FOODS, INC.



Principal Place of Business
**5180 NW 12 AVE
FT. LAUDERDALE FL 33309
US**

Mailing Address
**5180 NW 12 AVE
FT. LAUDERDALE FL 33309
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0630794**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAMOR, CHERYL
533 NW 47 AVE
COCONUT CREEK FL 33063**

Name **Cheryl Gendies**
Street Address (P.O. Box Number is Not Acceptable)
4020 Galt Ocean Drive #810
City **Ft. Lauderdale** **FL** Zip Code **33308**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RALEY, LOUIS A**
STREET ADDRESS **3750 N.E. 4TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☒ Change ☒ Addition
NAME **Eugene Mroczkowski**
STREET ADDRESS **6110 Harding Street**
CITY-ST-ZIP **Hollywood, FL 33024**

TITLE **D** ☐ Delete
NAME **MIDYETTE, EUGENE**
STREET ADDRESS **3750 N.E. 4TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☒ Change ☒ Addition
NAME **Cheryl Gendies**
STREET ADDRESS **4020 Galt Ocean Drive #810**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Raley, Louis A.**
STREET ADDRESS **5180 NW 12 Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Midyette, Eugene**
STREET ADDRESS **5180 N.W. 12 Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Scott Gardner**
STREET ADDRESS **9149 Old Pine Rd.**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03
Date

Daytime Phone #

CR2E034 (10/02)