

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000004675**1. Entity Name
GOOD TASTE, INC.

Principal Place of Business

101 N. OCEAN DRIVE
UNIT #F2
HOLLYWOOD
33019

FL

Mailing Address

PO BOX 1068

HOLLYWOOD
33022

FL

2. Principal Place of Business

P.O. BOX 1068

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD

FL

City & State

4. FEI Number

65-0725167

Applied For

Not Applicable

Zip
33022

Country

Zip

Country

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LAZARUS DAVID M
235 N UNIVERSITY DRPEMBROKE PINES
33024

US

FL

7. Name and Address of New Registered Agent

Name

LAZARUS DAVID M

Street Address (P.O. Box Number is Not Acceptable)
900 N. FEDERAL HIGHWAY

SUITE 200

City
BOCA RATON

FL

Zip Code
33432

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)

04/24/2001

DATE

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

TITLE	V	<input type="checkbox"/> Delete
NAME	YAGER LOUIS A	
STREET ADDRESS	101 N OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRAPPEL SARAH F	
STREET ADDRESS	101 N OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	PST	<input type="checkbox"/> Delete
NAME	GRAPPEL SARAH F	
STREET ADDRESS	101 N. OCEAN DRIVE, UNIT F#2	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAGER LOUIS A	
STREET ADDRESS	1201 S. OCEAN DRIVE, 314N	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAPPEL SARAH F	
STREET ADDRESS	1201 S. OCEAN DRIVE, 314N	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAPPEL SARAH F	
STREET ADDRESS	1201 S. OCEAN DRIVE, 314N	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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)(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: SARAH F. GRAPPEL

PRES

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)