

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90510 027 ***150.00

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DOCUMENT # P97000015309

1. Entity Name

GOURMET HOUSE INTERNATIONAL FOODS, INC.

Principal Place of Business

Mailing Address

1960 S OCEAN DR
HALLANDALE FL 33009

905 NE 27 AVE
HALLANDALE FL 33009

BU019343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3426574**

Applied For

Not Applicable

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

IOSIFOV, ROMAN
6082 ST AUGUSTINE RD
JACKSONVILLE FL 32217

Name **Iosifov, Roman**

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

905 N.E. 27 Avenue

City **Hallandale**

FL

Zip Code **33009**

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 **Roman Iosifov**

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

(NOTE: Registered Agent signature required when reinstating)

3/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **IOSIFOV, ROMAN**
STREET ADDRESS **6082 ST AUGUSTINE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **DPST** ☒ Change ☐ Addition
NAME **Iosifov, Roman**
STREET ADDRESS **905 NE 27 AVE**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Roman Iosifov**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

DATE

(954) 454-1111

Daytime Phone #

CR2E034 (10/00)