

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 08:00 AM  
Secretary of State

DOCUMENT # P98000011037

1. Entity Name  
BUENA-APPETIT FOODS, INC.

Principal Place of Business  
12748 APOPKA VINELAND ROAD  
ORLANDO FL 32836

Mailing Address  
12748 APOPKA VINELAND ROAD  
ORLANDO FL 32836

2. Principal Place of Business  
5416 BAY SIDE DRIVE

3. Mailing Address  
5416 BAY SIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO FL

City & State  
ORLANDO FL

Zip Country  
32819

Zip Country  
32819

4. FEI Number  
59-3496608

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

POOLE WILLIAM FIV  
644 WEST COLONIAL DRIVE  
ORLANDO FL 32804 US

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE 04/17/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input checked="" type="checkbox"/> Delete
NAME	PANNONE RAY	
STREET ADDRESS	9061 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER KAREN	
STREET ADDRESS	5416 BAY SIDE DRIE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<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
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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: Karen Fischer

Pres 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)