

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90004 018 \*\*\*150.00

**DOCUMENT # P98000038164**

1. Entity Name

**ALL ABOUT GOURMET, CORP.****645408**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1452 NE 130 STREET  
NORTH MIAMI FL 33161****1452 NE 130 STREET  
NORTH MIAMI FL 33161-4411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0831200**

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

**FERNANDEZ, MARIO J  
1452 NE 130 STREET  
NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

**Adam C. Olinick**

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

**1452 N.E. 130th STREET**

City

**N. Miami**

FL

Zip Code

**33161**

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

**Adam C. Olinick, V.P. Director 4-17-2000**

(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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FERNANDEZ, MARIO J 1452 NE 130 STREET NORTH MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LEVY, SPENCE T 1452 NE 130 STREET NORTH MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mario J. Fernandez 1452 N.E. 130th Street N. Miami, Florida 33161</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SPENCE T. LEVY 1452 N.E. 130th STREET North Miami, Florida 33161</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Adam C. Olinick 1452 N.E. 130th Street North Miami, Florida 33161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:

SIGNATURE AND TYPED C

**Adam C. Olinick, V.P. Dir.****4-17-2000**

Date

**305-981-9777**

Daytime Phone #