2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am DOCUMENT # P98000038164 Secretary of State 1. Entity Name ALL ABOUT GOURMET, CORP. 05-01-2001 90003 036 ***150.00 Principal Place of Business Mailing Address 1452 NE 180 SPRÉET 1452 NE 130-STREET North **Maata**l FL 33161 2. Principal Place of Business 3. Mailing Address 43 S.W. 87th Avenue 943 S.W. 87Th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 943 Suite Applied For City & State City & State 4. FEI Number 65-0831200 Miani Miami. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33174 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J. Fernandez Maria OLINICK, ABAM G 1452 NE 130 STREET Street Address (P.O. Box Number is Not Acceptable) NORTH MAMI FL 33161 S.W. 87th Avenue 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ₽.D. Addition TITLE Delete Fernandez, Mario J. 943 S.W. 877 Avenue FERNANDEZ, MARIO J NAME NAME 1452 NE 130 STREET STREET ADDRESS STREET ADDRESS Miami, Floride 33174 CITY-ST-7IP CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Addition ☐ Change TITLE Delete TITLE LEVY, SPENCE T NAME NAME 1452 NE)80 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH/MIAMIRE 33161 CITY-ST-ZIP secretary , D. Change Addition **√** Delete TITLE Olinick, Adam C. OLINICK, ADAM C. NAME NAME STREET ADDRESS 943 S.W. 87Th Avenue STREET ADDRESS 1452 NE 130TH ST CITY-ST-ZIP Miami, Florida 33174 CITY-ST-ZIP **MIAMI FL 33161** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

h the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. 13. I hereby certify that the information supplied indicated on this report or supplemental in of the corporation or the receiver or truthed changed, or on an attachment with a process. SIGNATURE: