

4/13

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-13-2001 90056 003 ***150.00

DOCUMENT # P98000050903

1. Entity Name

TROIS RIVIERE FOODS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

11528 WHISPER SOUND DR
BOCA RATON FL 334282730 NE 48TH ST
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

2730 N.E. 48 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL 33064

City & State

4. FEI Number: **APPLIED FOR****65-0918057**

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

Country

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

GUZMAN, GUILLERMO
2730 NE 48 STREET
LIGHTHOUSE POINT FL 33064

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 **GUILLERMO GUZMAN**

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

(NOTE: Registered Agent signature required when (re)appointing)

DATE

4/9/01

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 \$100.00
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 **MCDS** ☐ Delete
 NAME **GUZMAN, GUILLERMO**
 STREET ADDRESS **2730 NE 48 ST**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **MCPS** ☒ Change ☐ Addition
 NAME **GUZMAN, GUILLERMO**
 STREET ADDRESS **2730 NE 48 ST.**
 CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **PD** ☒ Delete
 NAME **ROSBACH, HAROLD L**
 STREET ADDRESS **11528 WHISPER SOUND DR**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **DTU** ☐ Change ☒ Addition
 NAME **ARNEY, JAY**
 STREET ADDRESS **3001 S.W. 15 ST.**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **D** ☒ Delete
 NAME **AMBROSINO, JOE**
 STREET ADDRESS **2118, DE BACCARAT, VIMONT**
 CITY-ST-ZIP **LAVAL QC H7M- 5P3**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **Guillermo Guzman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

954-570-3464

Daytime Phone #

CR2E034 (10/00)