

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100493

1. Entity Name
NYAMIN GOURMET FOODS, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90041 026 ***550.00

Principal Place of Business

3272 S. UNIVERSITY DR.
MIRAMAR FL 33025

Mailing Address

3272 S. UNIVERSITY DR.
MIRAMAR FL 33025

2. Principal Place of Business

11401 Pines Blvd

Suite, Apt. #, etc.

B-16

City & State

Pembroke Pines, FL

Zip

33026

Country

Broward

3. Mailing Address

(same as 2)

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0879498

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, TROVEL
3272 S. UNIVERSITY DR.
MIRAMAR FL 33025

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 type="checkbox"/> Delete
NAME	WILLIAMS, TROVEL	
STREET ADDRESS	3272 S. UNIVERSITY DR.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Omar Shoucair	
STREET ADDRESS	11401 Pines Blvd	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trovel Williams	
STREET ADDRESS	11401 Pines Blvd	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Omar Shoucair	
STREET ADDRESS	11401 Pines Blvd	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
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
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

Date

Daytime Phone #

CR2E034 (5/00)