

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**  
 07-10-2001 90115 050 \*\*\*150.00

DOCUMENT # P99000002171

1. Entity Name  
 THE MOBILE GOURMET, INC.

*UK*

Principal Place of Business

11210 NW 52 STREET  
 CORAL GABLES FL 33076

*Coral Springs*

Mailing Address

11210 NW 52 STREET  
 CORAL GABLES FL 33076

*Coral Springs*

2. Principal Place of Business

11210 NW 52nd ST.

Suite, Apt. #, etc.

City & State  
*Coral Springs FL*

Zip  
 33076

Country  
 USA

3. Mailing Address

11210 NW 52nd ST

Suite, Apt. #, etc.

City & State  
*Coral Springs FL*

Zip  
 33076

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0889515

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLAUSTON, STEVEN  
 11210 NW 52 ST  
 CORAL SPRINGS FL 33076

*BLAUSTEIN*

7. Name and Address of New Registered Agent

Name: *STEVEN BLAUSTEIN*

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 12, 2001 Fee 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 PD  
 NAME BLAUSTEIN, STEVEN  
 STREET ADDRESS 11210 NW 52 STREET  
 CITY-ST-ZIP CORAL GABLES FL 33076 ☐ Delete

TITLE  
 NAME *Coral Springs*  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP *Coral Springs,* ☒ Change ☐ Addition

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

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

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

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

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

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-01 954-346-2333

Date

Daytime Phone #

CR2E034 (5/01)

<sup>Attachments</sup>  
TO Whom It May Concern:

<sup>#PAR000002171</sup>  
Please find enclosed 773001  
2nd form and check  
for Corporation The Mobile  
Gourmet. First form was

filed on or about March  
1st 2001. I was told there  
would be no penalty  
fee. Thank you for your  
attention to this matter.

Sincerely,

