

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90145 038 ***150.00

DOCUMENT # P99000010152

1. Entity Name

TASTE OF THE WORLD MARKET, INC.

Principal Place of Business

**7911 BISCAYNE BLVD., STE. 3
MIAMI FL 33138**

Mailing Address

**7911 BISCAYNE BLVD., STE. 3
MIAMI FL 33138**

2. Principal Place of Business

12550 BISCAYNE BLVD

3. Mailing Address

12550 BISCAYNE BLVD

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

500

City & State

N. MIAMI, FLORIDA

City & State

N. MIAMI, FLORIDA

Zip

33181

Country

USA

Zip

33181

Country

USA

6. Name and Address of Current Registered Agent

MOLINA, FRANK

7911 BISCAYNE BLVD., STE. 3

MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

MOLINA FRANK

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

12550 BISCAYNE BLVD, SUITE 500

City

N. MIAMI

FL

Zip Code

33181

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

3/20/02

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, 2002 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MOLINA, FRANK	
STREET ADDRESS	7911 BISCAYNE BLVD., STE. 3	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LEVI, JOE	
STREET ADDRESS	7911 BISCAYNE BLVD., STE. 3	
CITY-ST-ZIP	MIAMI FL 33138	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINA, FRANK	
STREET ADDRESS	12550 BISCAYNE BLVD, SUITE 500	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVI JOE	
STREET ADDRESS	12550 BISCAYNE BLVD, SUITE 500	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIANLUCA PECORARI	
STREET ADDRESS	12550 BISCAYNE BLVD SUITE 500	
CITY-ST-ZIP	N. MIAMI, FL 33181	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/02 305-899-8877

CR2E034 (9/01)