

2000 UNIFORM BUSINESS REPORT (UBR)

71

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-20-2000 90015 029 ***150.00

DOCUMENT # P99000036860

1. Entity Name

GOURMET CONNECTION, INC.

Principal Place of Business

8563 NW 52 PLACE
 CORAL SPRINGS FL 33067

Mailing Address

8563 NW 52 PLACE
 CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0865447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REEVES, B J
2150 N. CONFERENCE DR.
BOCA RATON FL

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	P	<input type="checkbox"/> Delete
NAME	LEVINE, LYNN	
STREET ADDRESS	8563 NW 52 PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID	
STREET ADDRESS	8563 NW 52 PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
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		<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		
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

Carol Lynn Levine 8/7/2000 (954) 752-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E024 (11/00)



GOURMET CONNECTION

ATTACHMENT
DA P99000036860

309297

LONG BEACH, CA
CLICE 80-1111

July 14, 2000:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2000 Uniform Business Report (UBR)
Document # P99000036860 / Gourmet Connection, Inc.

Dear Sir or Madam:

Upon informing your office by phone that I did not receive the FIRST NOTICE for filing the 2000 Uniform Business Report, I was advised that your department would accept my report form along with a \$150.00 filing fee and this letter of explanation.

Please contact me should you have any questions.

Sincerely,

Lynn Levine, President
Gourmet Connection, Inc.