್ಯ 2000 UNIFORM BUSINESS REFORT (UBR)

## DOCUMENT # P99000036860 Aug 17, 2000 8:00 am Secretary of State 1. Entity Name GOURMET COMNECTION, INC. 07-20-2000 90015 029 \*\*\*150.00 Principal Place of Business Mailing Address 8563 NW 52 PLACE 8563 NW 52 PLACE CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0865447 Not Applicable Country\_ . ... Zip Country Ziρ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REEVES, B J Street Address (P.O. Box Number is Not Acceptable) 2150 N. CONFERENCE DR. **BOCA RATON FL** Zio Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12 CRZEG24. (SMO) TITLE ☐ Delete TITLE LEVINE, LYNN NAME STREET ADDRESS 8563 NW 52 PLACE STREET ADDRESS CITY ST-7P CITY-ST-7/P CORAL SPRINGS FL 33067 ☐ Addition TIME ☐ Channe TITLE ☐ Delete LEVINE, DAVID NAME NAME STREET ADDRESS 8563 NW 52 PLACE STREET ADDRESS CITY-ST:ZIP CORAL SPRINGS FL 33067 \*\*\* - - - - -C/TY-ST-ZIP ☐ Addition TITLE Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE 7171 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-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 suppliemental 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.

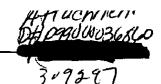
SIGNATURE:

SIGNATURE REQUIRED Carol &

8 7 2000 75 Deyuna Phone 6



## **GOURMET CONNECTION**



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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.