

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90010 007 ***150.00

DOCUMENT # P99000054086

1. Entity Name

GLOBAL FOOD & BEVERAGE, INC.

Principal Place of Business 100 EAST LINTON BLVD SUITE 501A DELRAY BEACH, FL 33483	Mailing Address 100 EAST LINTON BLVD SUITE 501A DELRAY BEACH, FL 33483
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2. Principal Place of Business 4100 N POWERLINE RD	3. Mailing Address 4100 N. POWERLINE RD
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Suite, Apt. #, etc. #U1	Suite, Apt. #, etc. #U1
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City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
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Zip 33073	Country	Zip 33073	Country
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4. FEI Number 65-0926611	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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00647249
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D SCHOENBERG, STEPHEN 100 E. LINTON BLVD DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHOENBERG, STEPHEN 4100 N POWERLINE RD #U1 POMPANO BEACH, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRIEDLAND, FRANK 100 E. LINTON BLVD DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D S FRIEDLAND, FRANK 4100 N POWERLINE RD #U1 POMPANO BEACH, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S D GOLDBERG, ROBERT 100 E. LINTON BLVD DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T D PICOW, STEPHEN 100 E. LINTON BLVD DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D T PICOW, STEPHEN 4100 N POWERLINE RD #U1 POMPANO BEACH, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRIEDLAND, RACHELLE 100 E. LINTON BLVD DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P PICOW, ROBERT 4100 N POWERLINE RD #U1 POMPANO BEACH, FL 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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, even on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **STEPHEN PICOW** **5/1/00**
 Date Daytime Phone #

CR2E034 (9/99)