

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072763

1. Entity Name

EXQUISITA FOODS INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90069 013 \*\*\*150.00

Principal Place of Business

3554 CORRIGAN CT.  
LAKE WORTH FL 33461

Mailing Address

3554 CORRIGAN CT.  
LAKE WORTH FL 33461-3516

2. Principal Place of Business

3905 S. LAKE AVE.  
WEST PALM BCH, FL 33405  
Suite, Apt. #, etc.

3. Mailing Address

3905 S LAKE AVE  
WEST PALM BCH, FL 33405  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BCH, FL

4. FEI Number

65-0949627

Applied For

Not Applicable

Zip

Country

33405

Zip

Country

33405

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIDAL, LUIS  
3554 CORRIGAN CT.  
LAKE WORTH FL 33461

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 \$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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME PEDRAZA, GERONIMO  
STREET ADDRESS 16000 S.W. 305 TERR.  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ Delete  
NAME VIDAL, LUIS  
STREET ADDRESS 3554 CORRIGAN CT.  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME VIDAL, LUIS A.  
STREET ADDRESS 3554 CORRIGAN CT.  
CITY-ST-ZIP LAKE WORTH, FL 33461

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 (541) 659 6064

CR2E034 (9/99)