

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000089113**1. Entity Name  
ALIMENTE.COM, INC.

## Principal Place of Business

8439 NW 72ND STREET

MIAMI  
33166

FL

## Mailing Address

8439 NW 72ND STREET

MIAMI  
33166

FL

## 2. Principal Place of Business

9988 PREMIER PARKWAY

## 3. Mailing Address

9988 PREMIER PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

MIRAMAR

FL

## City &amp; State

MIRAMAR

FL

Zip  
33025Country  
USZip  
33025Country  
US

## 4. FEI Number

65-1012586

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROQUE ROBERT  
8439 NW 72 STREETMIAMI  
33166

FL

US

## 7. Name and Address of New Registered Agent

## Name

BLOOM LEONARD HMR.

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

MIAMI CENTER, SUITE 3000

201 SOUTH BISCAYNE BOULEVARD

City  
MIAMI

FL

Zip Code  
33131

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 **LEONARD H. BLOOM****03/20/2001**

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	ROQUE ROBERT	
STREET ADDRESS	8439 NW 72ND STREET	
CITY-ST-ZIP	MIAMI FL 33166	
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	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROQUE JOSE I	
STREET ADDRESS	9988 PREMIER PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBAYNA GUSTAVO	
STREET ADDRESS	9988 PREMIER PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARKMAN LEO	
STREET ADDRESS	9988 PREMIER PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
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: **GUSTAVO ROBAYNA**

D, P

03/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)