

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000099718**1. Entity Name
VENBRAS GOURMET DISTRIBUTORS INC.

Principal Place of Business

1120 PARK VIEW LN.

LARGO
33770

FL

Mailing Address

HCO 234

4440 N.W. 73 AVENUE
MIAMI
33166

FL

2. Principal Place of Business

7307 N.W. 79 TERRACE

3. Mailing Address

MCO: 234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4440 N.W. 73 AVENUE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-0966749

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MESA MANUEL AESQ.
100 S.E. 2ND STREET, 37TH FLOOR

MIAMI

33131

FL

US

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 _____ 02/23/2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	CORRALES MARTIN	
STREET ADDRESS	1120 PARK VIEW LN.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHULZ RICARDO	
STREET ADDRESS	1120 PARK VIEW LN.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHUMACEIRO EDUARDO	
STREET ADDRESS	1120 PARK VIEW LN.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHUMACEIRO ALEJANDRO	
STREET ADDRESS	1120 PARK VIEW LN.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHUMACEIRO ABRAHAM	
STREET ADDRESS	1120 PARK VIEW LN.	
CITY-ST-ZIP	LARGO FL 33770	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMACEIRO EDUARDO	
STREET ADDRESS	MCO: 234 4440 N.W. 73 AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMACEIRO ALEJANDRO	
STREET ADDRESS	MCO: 234 4440 N.W. 73 AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMACEIRO ABRAHAM	
STREET ADDRESS	MCO: 234 4440 N.W. 73 AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
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: ALEJANDRO CHUMACEIRO

D

02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)