

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90415 012 ***150.00

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1. Entity Name

VENBRAS GOURMET DISTRIBUTORS INC.



Principal Place of Business

**7307 N.W. 79 TERRACE
MIAMI FL 33166**

Mailing Address

**MCO: 234
4440 N.W. 73 AVENUE
MIAMI FL 33166**

2. Principal Place of Business

4440 N.W. 73 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0966749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MESA, MANUEL A ESQ.

100 S.E. 2ND STREET, 37TH FLOOR

MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CHUMACEIRO, ABRAHAM**
STREET ADDRESS **MCO: 234 4440 N.W. 73 AVE.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
NAME **CHUMACEIRO, ALEJANDRO**
STREET ADDRESS **MCO: 234 4440 N.W. 73 AVE.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
NAME **CHUMACEIRO, EDUARDO**
STREET ADDRESS **MCO: 234 4440 N.W. 73 AVE.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO CHUMACEIRO Feb 21, 2003

Date

Daytime Phone #

(58212)

2355723

CR2E034 (10/02)