

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90178 026 ***158.75

DOCUMENT # S47818

1. Entity Name
MADAME GOUGOUSSE FOODS CORP.



Principal Place of Business
5800 NW 32ND COURT
MIAMI FL 33142
US

Mailing Address
C/O IVAN A. GOMEZ ESO
601 BRICKELL KEY DRIVE SUITE 507
MIAMI FL 33131



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0456167**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUIXENS, JUAN J J
5800 NW 32ND COURT
MIAMI FL 33142

Name
IAG Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive, Ste. 507
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ivan A. Gomez*
Ivan A. Gomez, President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME GUIXENS, JUAN J JR.	
STREET ADDRESS 5800 NW 32ND COURT	
CITY-ST-ZIP MIAMI FL 33142	
TITLE VD	<input type="checkbox"/> Delete
NAME GUIXENS, JUAN J SR	
STREET ADDRESS 5800 NW 32ND COURT	
CITY-ST-ZIP MIAMI FL 33142	
TITLE SD	<input type="checkbox"/> Delete
NAME GUIXENS, MAYRA C	
STREET ADDRESS 5800 NW 32ND COURT	
CITY-ST-ZIP MIAMI FL 33142	
TITLE TD	<input type="checkbox"/> Delete
NAME GUIXENS, MANUEL J.	
STREET ADDRESS 5800 NW 32ND COURT	
CITY-ST-ZIP MIAMI FL 33142	
TITLE D	<input type="checkbox"/> Delete
NAME GUIXENS, ROSA C.	
STREET ADDRESS 5800 NW 32 COURT	
CITY-ST-ZIP MIAMI FL 33142	
TITLE D	<input type="checkbox"/> Delete
NAME GUIXENS, CHRISTINA L.	
STREET ADDRESS 5800 NW 32 COURT	
CITY-ST-ZIP MIAMI FL 33142	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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: *Ivan A. Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ivan A. Gomez, President

Date

Daytime Phone #

3/13/2003 (305)634-0506

CR2E034 (10/02)