2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90259 041 ***150.00

U49412

DOCUMENT # V47380

1. Entity Name
GOURMET GOURMET OF CORAL GABLES, INC.

Principal Place of Business	Mailing Address
210 VALENCIA AVE CORAL GABLES FL 33134 US	P.O. BOX 822603 SOUTH FLORIDA FL 33082 US

000427bU

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	210 Valencia Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Coral Gables, FL
Zip / Country	Zip: 3314 / Country: U.S.A.

4. FEI Number 65-0342893 — Applied For ☐ / Not Applicable ☐

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
SANG, JOSE T. 210 VALENCIA AVE. CORAL GABLES FL 33134	Name Street Address (P.O. Box Numbers Is Not Acceptable) City / 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANG, JOSE T. 4913 SW 135 CT MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUK, JAN WAH 17941 NORTHWEST 9TH COURT PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANG, YOLANDA 17941 N.W. 9TH CT PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANG, ANA 17941 NW 9TH CT PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Yolanda Sang — 4-22-01 — (305) 443-8664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone