

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90010 003 ***150.00

DOCUMENT # J90865

1. Entity Name

ALMA FOOD IMPORTS, INC.

Principal Place of Business

Mailing Address

3003 SO. FLORIDA AVE.
 SUITE #204
 LAKE LAND FL 33803-4050
 US

3003 SO. FLA. AVE.
 SUITE #204
 LAKE LAND FL 33803-4050
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2844784**

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

7. Name and Address of New Registered Agent

CRAFT, BRENDA C
 ← **1104 STONEBROOKE LN.**
LAKE LAND FL 33803

Name **CRAFT, BRENDA C.**

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

2774 PRESTWICK DRIVE

City **LAKE LAND**

FL

Zip Code **33803**

ADDRESS CHANGE ONLY

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	FANCELL, MAURO A	
STREET ADDRESS	VICCHIO E.PATERNO 8	
CITY-ST-ZIP	RIPOLI,FLORENCE,ITALY	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FANCELLI, JULIE J.	
STREET ADDRESS	VICCHIO E.PATERNO 8	
CITY-ST-ZIP	RIPOLI,FLORENCE,ITALY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCHI, GIANPAOLO	
STREET ADDRESS	1200 LAKE POINT DRIVE	
CITY-ST-ZIP	LAKE LAND FL 33813	
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		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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:

Gianpaolo Marchi

GIANPAOLO MARCHI 01/07/00 (863)862 0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #