

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90047 027 ***150.00

DOCUMENT # L08775

1. Entity Name
SUTTON PLACE FOODS, INC.

Principal Place of Business

21000 BOCA RIO RD C-5
 BOCA RATON FL 33433

Mailing Address

21000 BOCA RIO RD C-5
 BOCA RATON FL 33445-4624

B0013124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

785 S Congress

Suite, Apt. #, etc.

Bay 6

City & State

Delray Bch FL

Zip **33445**

Country

Palm Bch

3. Mailing Address

785 S. Congress

Suite, Apt. #, etc.

BAY 6

City & State

Delray Bch FL

Zip **33445**

Country

Palm Bch

4. FEI Number

65-0140808

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMRON, IVAN

**21000 BOCA RIO ROAD, SUITE C-5A
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

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

785 S Congress Bay 6

City

Delray Bch, FL

FL

Zip Code

33445

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

TITLE **V** Delete
 NAME **AMRON, FREDI**
 STREET ADDRESS **21000 BOCA RIO ROAD C-5A**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **P** Delete
 NAME **AMRON, IVAN**
 STREET ADDRESS **21000 BOCA RIO ROAD C-5A**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

TITLE Change Addition
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TITLE Change 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:

Fredi Amron - Vice Pres

1/28/00

Date

561-451-1330

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR