

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057832

1. Entity Name
M & E FOOD, INC.

Principal Place of Business: 4658 EAST STATE RD. 64 BRADENTON FL 34208
Mailing Address: 4658 EAST STATE RD. 64 BRADENTON FL 34208

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **APPLIED FOR** 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

RIZZO, CAMILLO
4114 HERON WAY, BLDG. B
BRADENTON FL 34209

Name
Street Address (P.O. Box Number is Not Acceptable)
City State 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 signature required when re-registering)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	RIZZO, CAMILLO		
	4658 EAST STATE RD. 64		
	BRADENTON FL 34208		
SD	RIZZO, LEHA		
	4658 EAST STATE RD. 64		
	BRADENTON FL 34208		
TD	RIZZO, GIUSEPPA		
	4658 EAST STATE RD. 64		
	BRADENTON FL 34208		

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 stated 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Camillo Rizzo CAMILLO RIZZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 (941) 747-7356
Date Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90028 013 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)