2000 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2000 8:00 am DOCUMENT # **P97000012016 Secretary of State** FLYING FOOD INTERNATIONAL INC. 01-21-2000 90109 036 ***150.00 Principal Place of Business Mailing Address 8648 GRIFFIN ROAD 8648 GRIFFFIN RD. D/B/A THE ROMAN OVEN COOPER CITY FL 33328 **UTITU** COOPER CITY FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3424987 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent Name ALU, PIETRO Street Address (P.O. Box Number is Not Acceptable) 9511 SW 49 ST COOPER CITY FL 33328 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ALU, PIETRO NAME NAME 9511 SW 49 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 ☐ Addition TITLE ☐ Delete TITLE Change ALU, SALVARTRICE NAME NAME STREET ADDRESS 9511 SW 49 ST STREET ADDRESS CITY ST-ZIP .-COOPER CITY: FL 33328 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME Tubito, Mark NAME STREET ADDRESS 4280 SW 109TH AVE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Defete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.