

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90889 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106974

1. Entity Name

AL FORNO FOOD SERVICES III, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12393-2 PEMBROKE ROAD
 Suite, Apt. #, etc.

3. Mailing Address

12393-2 PEMBROKE ROAD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 PEMBROKE PINES, FL

City & State
 PEMBROKE-PINES, FL

4. FEI Number
 65-0966377

Applied For
 Not Applicable

Zip
 33025

Country
 BROWARD

Zip
 33025

Country
 BROWARD

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 IRA L. ZUCKERMAN

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

2200 N. COMMERCE PKWY, SUITE 206

City
 WESTON

FL

Zip Code
 33326

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  IRA L. ZUCKERMAN
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, FABIAN 12393-2 PEMBROKE ROAD PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTO SCHNAKOFSKY 12303-2 PEMBROKE ROAD PEMBROKE-PINES, FL 33025
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 ROBERTO SCHNAKOFSKY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02
 Date

954-444-6464
 Daytime Phone #

CR2E034B (12/01)