

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L08775

1. Entity Name

SUTTON PLACE FOODS, INC.

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

02-04-2000 90047 027 ***150.00

Principal Place of Business

Mailing Address

21000 BOCA RIO RD C-5
BOCA RATON FL 33433

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

B0013124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

785 S Congress

785 S Congress

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 6

BAY 6

City & State

City & State

Delray Bch FL

Delray Bch FL

Zip

Country

Zip

Country

33445

Palm Bch

33445

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

7. Name and Address of New Registered Agent

AMRON, IVAN

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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

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☐ Change ☐ Addition

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:

Fred Amron - Vice Pres

Date

1/28/00

Daytime Phone #

561-451-1330