

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834294

1. Entity Name

ALLEN FOODS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90059 021 ***150.00

Principal Place of Business

Mailing Address

8543 PAGE AVE.
ST. LOUIS MO 63114

8543 PAGE AVE.
ST. LOUIS MO 63114-6008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-0644669**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALLEN, RICHARD	
STREET ADDRESS	1670 FRANTANAC WOODS	
CITY-ST-ZIP	FRONTANAC MO 63131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLEN, JOEL	
STREET ADDRESS	8453 PAGE AVENUE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, STANLEY	
STREET ADDRESS	22 WILLOW HILL RD.	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEBULONI, ANGELO	
STREET ADDRESS	4735 HEBERLIE DR	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COHEN, LOUIS D.	
STREET ADDRESS	7710 W. BILTMORE DR.	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELO NEBULONI

Date

Daytime Phone #

(314) 426-4100
3/1/00

CR2E034 (9/99)