

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90372 034 ***150.00

031116 AI

DOCUMENT # 853609

1. Entity Name

AMERICAN FROZEN FOODS, INC.

Principal Place of Business

**355 BENTON ST.
 STRATFORD CT 06615-7300**

Mailing Address

**355 BENTON ST.
 STRATFORD CT 06615-7300**

2. Principal Place of Business

155 Hill St
 Suite, Apt. #, etc.

3. Mailing Address

155 Hill St
 Suite, Apt. #, etc.

City & State

Milford CT

City & State

Milford CT

4. FEI Number

06-0764758

Applied For

Not Applicable

Zip

06460

Country

USA

Zip

06460

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	CHERRY, KENNETH A	
STREET ADDRESS	62 BIG BEAR HILL ROAD	
CITY-ST-ZIP	NEW MILFORD CT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVANZO, RICHARD	
STREET ADDRESS	15 TANGLEWOOD CIRCLE	
CITY-ST-ZIP	MILFORD CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	COREY, WILLIAM JR.	
STREET ADDRESS	8 HORSESTABLE CR	
CITY-ST-ZIP	HUNTINGTON CT	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DICAPRIO, PALMA	
STREET ADDRESS	37 SHERMAN LANE #5C	
CITY-ST-ZIP	HAMDEN CT 06514	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RAPPOPORT, WILLIAM	
STREET ADDRESS	413 SKY TOP DR	
CITY-ST-ZIP	FAIRFIELD CT 06432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	24 Centennial Drive	
CITY-ST-ZIP	Milford CT 06460	
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

Date

Daytime Phone #

2-12-02 (203)882-6200

CR2E034 (9/01)