

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003568

1. Entity Name
SAPUTO CHEESE USA INC.



Principal Place of Business
25 TRI-STATE OFFICE CENTER, SUITE 250
LINCOLNSHIRE, IL 60069

Mailing Address
25 TRI-STATE OFFICE CENTER, SUITE 250
LINCOLNSHIRE, IL 60069

2. Principal Place of Business

3. Mailing Address
25 Tri-State Office Ctr. Suite 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attention: Legal Dept.

City & State

City & State
Lincolnshire, IL

Zip

Country

Zip
60069

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
39-1629977

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW! FREE E-FILE
AND MAY 15, 2003 DEADLINE
Make Change to your Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SAPUTO, LINO A 6869 METROPOLITAN BLVD. EAST SAINT LEONARD, QUEBEC, CANADA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAPUTO, EMANUELE 6869 METROPOLITAN BLVD. EAST SAINT LEONARD, QUEBEC, CANADA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARRIERE, LOUIS-PHILIPPE 6869 METROPOLITAN BLVD. EAST SAINT LEONARD, QUEBEC, CANADA	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis-Philippe Carriere May 9, 2003

Date

Printing Name

CR2034 (10/02)

716/10