

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006964

1. Entity Name  
TRUE WORLD FOODS, INC.



**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90089 024 \*\*\*150.00

Principal Place of Business  
32 - 34 PAPETTI PLAZA  
ELIZABETH NJ 07207

Mailing Address  
120 INDUSTRIAL AVENUE  
LITTLE FERRY NJ 07643



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2974013

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to 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 PD  
NAME NAKAMURA, TAMOTSU  
STREET ADDRESS 1575 JEROME AVENUE  
CITY-ST-ZIP FORT LEE NJ 07024 ☒ Delete

TITLE V  
NAME Sato, Shigeki  
STREET ADDRESS 32-34 Papetti Plaza  
CITY-ST-ZIP Elizabeth, NJ 07207 ☐ Change ☒ Addition

TITLE VD  
NAME YASHIRO, TAKESHI  
STREET ADDRESS 51 SERVEN PLACE  
CITY-ST-ZIP CLIFTON NJ 07011 ☐ Delete

TITLE PD  
NAME Yashiro, Takeshi  
STREET ADDRESS 51 Serven Place  
CITY-ST-ZIP Clifton, NJ 07011 ☒ Change ☐ Addition

TITLE S  
NAME GRAY, DANIEL F  
STREET ADDRESS 2 BROADWAY, APT. 6  
CITY-ST-ZIP WHITE PLAINS NY 10601 ☒ Delete

TITLE S  
NAME Derflinger, Josef  
STREET ADDRESS 32-34 Papetti Plaza  
CITY-ST-ZIP Elizabeth, NJ 07207 ☐ Change ☒ Addition

TITLE TDV  
NAME JEWELL, JACK N  
STREET ADDRESS 5 ESSEX STREET  
CITY-ST-ZIP DUMONT NJ 07628 ☐ Delete

TITLE TD  
NAME Jewell, Jack  
STREET ADDRESS 5 Essex Street  
CITY-ST-ZIP Dumont, NJ 07628 ☒ Change ☐ Addition

TITLE D  
NAME PARK, SANG KWON  
STREET ADDRESS 481 8TH AVENUE  
CITY-ST-ZIP NEW YORK NY 10010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME KOBAYASHI, MASAHAISA  
STREET ADDRESS 88 STEPEHEN DRIVE  
CITY-ST-ZIP TARRYTOWN NY 10591 ☐ Delete

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 (908)351-1400  
Date Daytime Phone #

0616031 AT

CR2E034 (10/02)