

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0145236 AB

DOCUMENT # F94000003674

1. Entity Name
PTX FOOD CORP.

FILED

03 SEP 29 PM 3:27

Principal Place of Business
2269 SAW MILL RIVER ROAD
BLDG 2, FLOOR 2
ELMSFORD NY 10523Mailing Address
2269 SAW MILL RIVER ROAD
BLDG 2, FLOOR 2
ELMSFORD NY 10523SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-2706723

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

SILVERMAN, MARVIN
100 LAKE SHORE DR., #1654
N. PALM BEACH FL 33408

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. 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 C ☐ Delete
NAME SILVERMAN, MARVIN
STREET ADDRESS 100 LAKE SHORE DR. #1654
CITY-ST-ZIP N. PALM BEACH FL 33408TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME SILVERMAN, PHYLLIS
STREET ADDRESS 100 LAKE SHORE DR. #1654
CITY-ST-ZIP N. PALM BEACH FL 33408TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME BUTEAU, AMY
STREET ADDRESS 1604 EAGLE BAY DR
CITY-ST-ZIP OSSINING NY 10562TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☐ Delete
NAME BEN-ONI, ZEEV
STREET ADDRESS 8669 DON CAROL
CITY-ST-ZIP EL CERRITO CA 94530TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

AMY BUTEAU (AMY BUTEAU)

9/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)