

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90074 021 ***150.00

DOCUMENT # F95000000954

1. Entity Name

FERRARA PAN CANDY CO., INC.

Principal Place of Business

**7301 WEST HARRISON ST.
 FOREST PARK IL 60130**

Mailing Address

**7301 WEST HARRISON ST.
 FOREST PARK IL 60130**

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

36-3331581

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

**LAMCA, FRANK
 122-D WEYBRIDGE CIRCLE
 ROYAL PALM BEACH FL 33411**

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 of principal or principal name of registered agent

Not 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **FERRARA, NELLO**
 CITY-ST-ZIP **830 LATHROP RIVER FOREST IL 60305**

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

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **PAGANO, LOUIS V**
 CITY-ST-ZIP **22 TARTAN RIDGE BURR RIDGE IL 60521**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PAGANO, THOMAS A**
 CITY-ST-ZIP **1237 LAURIE LANE BUR RIDGE IL 60521**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **FERRARA, SALVATORE II**
 CITY-ST-ZIP **931 ASHLAND AVE. RIVER FOREST IL 60305**

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

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **BUFFARDI, JAMES S**
 CITY-ST-ZIP **121 BRIARWOOD LOOP OAK BROOK IL 60521**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BUFFARDI, LOUIS J**
 CITY-ST-ZIP **121 BRIARWOOD LOOP OAK BROOK IL 60521**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/02

Date

708-366-0560

Daytime Phone #

CR2E034 (9/01)