

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002323

1. Entity Name

COLAVITA PASTA & OLIVE OIL CORP.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90045 003 ***150.00

Principal Place of Business
2537 BRUNSWICK AVENUE
LINDEN NJ 07036

Mailing Address
2537 BRUNSWICK AVENUE
LINDEN NJ 07036

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2592965**

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

PROFACI, VINCENT J
1964 HOWELL BRANCH RD SUITE 206
WINTER PARK FL 32792

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, 2001 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	PC	<input type="checkbox"/> Delete
NAME	PROFACI, JOHN J	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VGC	<input type="checkbox"/> Delete
NAME	PROFACI, JOSEPH R	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PROFACI, JOHN A	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VST	<input type="checkbox"/> Delete
NAME	PROFACI, ROBERT J	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MANGINELLI, JOHN	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PROFACI, ANTHONY	
STREET ADDRESS	2539 BRUNSWICK AVE.	
CITY-ST-ZIP	LINDEN NJ 07036	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4112-00

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 IRE empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)