

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000004768**

Entity Name

AYEM FOODS, INC.**FILED**
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90033 015 ***150.00

Principal Place of Business

ST
MA 02150-5728

Mailing Address

PO BOX 505728
CHELSEA MA 02150-5728**813686**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2050089**

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****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

CD MONKIEWICZ, ANTHONY C 75 ARLINGTON ST CHELSEA MA 02150-5728 <input checked="" type="checkbox"/> Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD MONKIEWICZ, ROMUALD F 75 ARLINGTON ST CHELSEA MA 02150-5728 <input type="checkbox"/> Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D COLCORD, WILLIAM G 75 ARLINGTON ST CHELSEA MA 02150-5728 <input checked="" type="checkbox"/> Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD MONKIEWICZ, STEPHAN 75 ARLINGTON ST CHELSEA MA <input type="checkbox"/> Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD MONKIEWICZ, PETER 75 ARLINGTON ST CHELSEA MA 02150-5728 <input type="checkbox"/> Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MOSHER, STEPHEN 75 ARLINGTON ST CHELSEA MA 02150-5728 <input type="checkbox"/> Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (9/99)