

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001708

1. Entity Name

SAPUTO CHEESE USA INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90016 049 ***150.00

Principal Place of Business Mailing Address
25 TRI-STATE OFFICE CENTER, SUITE 250 25 TRI-STATE OFFICE CENTER, SUITE 250
LINCOLNSHIRE IL 60069 LINCOLNSHIRE IL 60069

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 39-1629977 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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 PD ☐ Delete
NAME SAPUTO, EMANUELE
STREET ADDRESS 6869 METROPOLITAN BLVD. EAST/ST. LEONARD
CITY-ST-ZIP QUEBEC CANADA H1P 1X8

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

TITLE V ☐ Delete
NAME LISIO, CAMILLO
STREET ADDRESS 6869 METROPOLITAN BLVD. EAST/ST. LEONARD
CITY-ST-ZIP QUEBEC CANADA H1P 1X8

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

TITLE TS ☐ Delete
NAME CARRIERE, LOUIS-PHILIPPE
STREET ADDRESS 6869 METROPOLITAN BLVD. EAST/ST. LEONARD
CITY-ST-ZIP QUEBEC CANADA H1P 1X8

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

514-328-66662

Daytime Phone #

CR2E034 (9/99)