

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # F99000004084

1. Entity Name
CASA DI BERTACCHI CORPORATION

Principal Place of Business
% CASA DI BERTACCHI CORPORATION
1910 GALLAGHER DRIVE
VINELAND NJ 08360

Mailing Address
% CASA DI BERTACCHI CORPORATION
1910 GALLAGHER DRIVE
VINELAND NJ 08360

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
22-2387785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE FL
323012525 US

7. Name and Address of New Registered Agent

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 _____ **04/16/2001**
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

TITLE	AT	<input type="checkbox"/> Delete
NAME	SEGARRA JOSEPH W	
STREET ADDRESS	1150 NIAGARA STREET	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE	P	<input type="checkbox"/> Delete
NAME	ASSELTA ALEX	
STREET ADDRESS	1910 GALLAGHER DRIVE	
CITY-ST-ZIP	VINELAND NJ 08360	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	QUINN TOM	
STREET ADDRESS	1150 NIAGARA STREET	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	RICH ROBERT EJ	
STREET ADDRESS	1150 NIAGARA STREET	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	RICH ROBERT E	
STREET ADDRESS	1150 NIAGARA STREET	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT E. RICH

COBC 04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)