## ~2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K13460**

1. Entity Name

FRATELLI FARMS OF FLORIDA, INC.

FILED Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90211 050 \*\*\*150.00

2. Principal Place of Business 3. Mailing Address   Suite, Apt. #, etc.   Do NOT WRITE IN THIS SPACE   City & State   City & State   Applied For   Not Appli		<u> </u>							
SURFACE FL 3347  2. Principal Place of Business  3. Making Address  Surio, Apt. # etc.  City & State	Principal Place of Business Mailing Address								
Sullo, Apt. #, etc.  Sullo, Apt. #, etc.  Sullo, Apt. #, etc.  City & State  S. Certification of Status Departed  S. Cert	11400 STATE ROAD 7 BOYNTON BEACH FL 33437				ļ				
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City & State  Name  Streat Address of Status Depared Green Regulatered Agent  Name  Streat Address (P.O. Box Number is Not Acceptable)  Streat 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 Folida.  StiGNATURE  Streat Address (P.O. Box Number is Not Acceptable)  The above named entity submits in statement for the purpose of changing its registered office or registered agent, or both, in the State of Folida.  StiGNATURE  Streat Address (P.O. Box Number is Not Acceptable)  This corporation is eligible to sately its intenging and address of Not Acceptable in Department of State  Streat Address (P.O. Box Number is Not Acceptable)  This corporation is eligible to sately its intenging and address of Not Acceptable in Department of State  Streat Address (P.O. Box Number is Not Acceptable)  This corporation is eligible to sately its intenging and address of Not Number is Not Acceptable)  This corporation is eligible to sately its intenging and address of Not Number is Not Acceptable)  This corporation is eligible to sately its intenging and address of Not Number is Not Acceptable)  This corporation is eligible to sately its intenging and address of Not Number is Not Acceptable)  This corporation is eligible to sately its intenging and address of Not Number is Not Acceptable)  The Address (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acceptable)  The End Address of Not Number is Not Acceptable)  The End Address of Not Number is Not Acceptable)  The En	2. Principal Place of Business		3. Mailing Address						
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CERACI, ROBERT 11400 STATE ROAD 7 BOYNTON BEACH FL 33437  Cay  FL Zip Code  Cay  FL Code	City & State		City & State		<b>4.</b> F	65-0026442	<del></del>		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. 0	Certificate of Status Desired			
Street Address (P.O., Box Number is Not Acceptable)  Street Address (P.O., Box Number is Not Acceptable)  Street Address (P.O., Box Number is Not Acceptable)  City		6. Name and Address of Current F	legistered Agent		7. N	lame and Address of New Register	ed Agent		
11400 STATE ROAD 7 BOYNTON BEACH FL 33437  City FL Z/p 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  9. This coprovation is eligible to satisfy its Intangible Tax Illing dequirement and elects to do so. (See order) on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  NAME SIRET AUDRESS  CITY-ST-2P  TITLE  OBelde  ITILE  OBELDE ITILE  OBELDE ITILE  OBELDE ITILE  NAME SIRET AUDRESS  CITY-ST-2P  TITLE  OBELDE ITILE  OBELDE ITILE  OBELDE ITILE  OBELDE ITILE  NAME SIRET AUDRESS  CITY-ST-2P  TITLE  NAME SIRET AUDRESS  CITY-S				Name	Name .				
BOYNTON BEACH FL 33437  City FL Zip Code  8. The above pamed 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 of connect name of ingresses agent and till of applicable. (MOTE Registered Agent Regist				Street Address		(P.O. Box Number is Not Acceptable)			
8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Spreaks, bysed or printed review of registered agent and till of expirations.  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Make Chack Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE PT CHANGE STREET AUDRESS CITY-ST-2P  TITLE NAME STREET AUDRESS CITY-ST-2P  T				<u> </u>					
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Tax filing requirement and elects to do so (See criteria on back)    After MAY 1, 2001   Fee will be \$550.00   Trust Fund Contribution.   \$3.00 May Be Added to Fees   Trust Fund Contribution.   \$3.00 May Be Added to Fees   Added to Fees   Added to Fees   Trust Fund Contribution.   \$3.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution.   \$3.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution.   \$3.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution.   \$3.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution.   \$3.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution.   \$3.00 May Be Added to Fees   Added to Fees	SIGNATURE.	: Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	egistered Agent signate	ure required when re	instating) DA1	re	<del></del>	
Tax filing requirement and elects to do so (See criteria on back)    After MAY 1, 2001   Fee will be \$550.00   Trust Fund Contribution.   \$3.00 May Be Added to Fees Added	A 71/2		EII E NOWIII	EEE 10 0150 /	20				
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I nereby 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: