

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K43736

1. Entity Name

ATLANTIC PORK & PROVISIONS, INC.

Principal Place of Business

C/O SMITH & HULSEY
1014-36 STANLEY AVENUE
BROOKLYN NY 11208
US

Mailing Address

1014-36 STANLEY AVE
BROOKLYN NY 11208

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 59-2918044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEANEY SR, PETER
300 PARK SHORE DRIVE
225 WATER STREET
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

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

2446 Orchid Bay Dr.,
APT #10F

City

Naples

FL

Zip Code

34109

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

TITLE NAME ☐ Delete
P
ANTINORI, JACK
STREET ADDRESS 9 EAST DRIVE
CITY-ST-ZIP PLANDOME NY

TITLE NAME ☐ Delete
DVP
ROMEO, RON
STREET ADDRESS 144-06 94TH AVE
CITY-ST-ZIP JAMAICA NY

TITLE NAME ☐ Delete
TS
ANTINORI, SUSAN
STREET ADDRESS 9 EAST DR
CITY-ST-ZIP PLANDOME NY

TITLE NAME ☐ Delete
AS
ANTINOR, SUSAN
STREET ADDRESS 9 EAST DR
CITY-ST-ZIP PLANDOME NY

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

718-272-9550

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90025 021 ***150.00

A0034830



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)