

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 8:00 am**
Secretary of State

02-20-2001 90086 014 ***150.00

DOCUMENT # K76319

1. Entity Name

Amco Foods Distribution, Inc.

Principal Place of Business

**8211 West Broward Blvd.
Suite 200
Plantation, FL 33324**

Mailing Address

**PO Box 26060
Tamarac, FL 33320**

2. Principal Place of Business

8211 West Broward Blvd.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 26060

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Tamarac, FL

4. FEI Number

59-2344867

Applied For

Not Applicable

Zip

33324

Country

33320

Country

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**

Name

David Torchin, C.P.A.

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

8211 West Broward Blvd.**Suite 200**

City

Plantation**FL**

Zip Code

33324

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.

David Torchin, C.P.A.

(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 State10. 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 ☐ Delete
NAME **President/Director**
STREET ADDRESS **Vincenzo Pulla**
CITY-ST-ZIP **555 Steeprock Drive
Downsview, Ontario, Canada M3J 2Z6**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **Charles Tabone**
STREET ADDRESS **1701-A Blount Road**
CITY-ST-ZIP **Pompano Beach, FL 33069**
(Please Remove)TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **Vice-President/Secretary/Director**
STREET ADDRESS **Joseph Pulla**
CITY-ST-ZIP **555 Steeprock Drive
Downsview, Ontario, Canada M3J 2Z6**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Treasurer/Director**
STREET ADDRESS **Rita Tabone**
CITY-ST-ZIP **555 Steeprock Drive
Downsview, Ontario, Canada M3J 2Z6**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JOE PULLA)**JAN. 31/2001**

Date

(416) 636-6146

Daytime Phone #

CR2E034 (11/00)