

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90016 027 ***150.00

DOCUMENT # K87268

1. Entity Name
D & P FOOD CORPORATION

Principal Place of Business
**515 E SUNRISE BLVD
FT LAUDERDALE FL 33304
US**

Mailing Address
**515 E SUNRISE BLVD
FT LAUDERDALE FL 33304
US**

2. Principal Place of Business
1150 BRISTOL AVE
Suite, Apt. #, etc.

3. Mailing Address
1150 BRISTOL AVE
Suite, Apt. #, etc.

City & State
DAVIE FL.

City & State
DAVIE FL.

Zip
33325

Country
BROWARD

Zip
33325

Country
BROWARD

4. FEI Number
65-0127654

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CARDELLA, DOMINICK
1150 BRISTOL AVE.
DAVIE FL 33325**

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 _____
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, 2002 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	P	<input type="checkbox"/> Delete
NAME	CARDELLA, DOMINICK	
STREET ADDRESS	1150 BRISTOL AVE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARDELLA, PATRICIA	
STREET ADDRESS	1150 BRISTOL AVE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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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:

Dominick Cardella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 954 476-8005
Date Daytime Phone #

CR2E034 (9/01)