

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K87268**



FILED

03 DEC 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1150 BRISTOL AVE

3. Mailing Address
1150 BRISTOL AVE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL

City & State
DAVIE, FL

Zip
33325

Country
US

Zip
33325

Country
US

4. FEI Number
65-01276054

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DOMINICK CANDELLA

Street Address (P.O. Box Number is Not Acceptable)
1150 BRISTOL AVE

City
DAVIE

State
FL

Zip Code
33325

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. I am familiar with, and accept the obligations of registered agent.

100025565111
12/17/03--01070--008 **150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	DOMINICK CANDELLA	NAME	
STREET ADDRESS	1150 BRISTOL AVE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33325	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	PATRICIA CANDELLA	NAME	
STREET ADDRESS	1150 BRISTOL AVE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33325	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **(X) Dominick Candella**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/15/03**
Daytime Phone

TR

CR2E034B (12/02)

HARRY VENIS, P.A.
Certified Public Accountant

2455 E. SUNRISE BOULEVARD - PENTHOUSE NORTH - FORT LAUDERDALE, FL 33304
(954) 566-1040 - FAX (954) 566-4070

December 2, 2003

Division Of Corporations
Uniform Business Report Filings
P.O. Box #1500
Tallahassee, Fl. 32302-1500

RE: D&P Food Corporation
ID #65-0127654

Dear Gentleperson:

Please be advised that my client D&P Food Corporation never received their 2003 Annual Report, and we need to know what the Corporate Status is.

You can call me at (954) 566-4001 or write my client directly.

Sincerely,



Harry Venis, P.A.
Certified Public Accountant