


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

DOCUMENT # **K87268**

1. Entity Name  
**D&P Food Corporation**



**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**  
Suite, Apt. #, etc.

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

City & State  
**DAVIE, FL**

City & State  
**DAVIE, FL**

Zip  
**33325** Country **US**

Zip  
**33325** Country **US**

**REINSTATEMENT 03**  
DO NOT WRITE IN THIS SPACE

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	<b>P</b>	TITLE	
NAME	<b>DOMINICK CANDELLA</b>	NAME	
STREET ADDRESS	<b>1150 BRISTOL AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 33325</b>	CITY-ST-ZIP	
TITLE	<b>S</b>	TITLE	
NAME	<b>PATRICIA CANDELLA</b>	NAME	
STREET ADDRESS	<b>1150 BRISTOL AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 33325</b>	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** Date **Dec. 12/15/03**

**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