

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000328

1. Entity Name
B & G FOODS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 AM 9:25

[Signature]

Principal Place of Business
3454 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address
3454 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0483410		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHANDLER, JAMES R III BENDER, BENDER, CHANDLER & ADAIR, P.A. 5915 PONCE DE LEON BLVD., STE. 60 CORAL GABLES FL 33146		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONFRERE, NICHOLAS 3454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003322506--5 -07/13/00--01010--020 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIUFFRE, VINCENT 3454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/2/01 383-2500
Date Daytime Phone #

CR21 083 (9/99)