

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90026 049 *****50.00

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DOCUMENT # L94000000328

1. Entity Name

B & G FOODS, L.C.



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

Mailing Address
**3454 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

10104651



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0483410**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **GIUFRE, VINCENT**
STREET ADDRESS **3454 GULF OF MEXICO DRIVE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/8/03

941-383-2500

CR2E083 (10/02)

Attachment

L94000000328

10104651



Vincent Giufre
3454 Gulf of Mex. Dr
Longboat Key, Fl. 34228

To whom it may concern-

Enclosed is our UBR payment of \$50.00. This payment is late due to health reasons. If proper documentation is needed I can provide it if necessary.

Sincerely,

A handwritten signature in black ink, appearing to read "Vincent Giufre".

Vincent Giufre