

# 2000 UNIFORM BUSINESS REPORT (UBR)

0011946 AF

**DOCUMENT # L99000000692**  
 1. Entity Name  
**CRISTINA ITALIAN FOODS, LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 FEB 29 PM 1:20

Principal Place of Business Mailing Address  
 729 ST. ANDREWS BLVD. 729 ST. ANDREWS BLVD.  
 NAPLES FL 34113 NAPLES FL 34113-8935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0897348** Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

*rf 3/13/00*

9. MANAGING MEMBERS / MEMBERS		
TITLE	NAME	STREET ADDRESS
	MGRM CERASE, ANTONIO	20031 CESANO MADERNO MILAND, ITALY
	MGRM FIERMONTI, ARTHUR	5605 CHIQUITA BLVD. CAPE CORAL FL 33914

10. ADDITIONS / CHANGES	
TITLE	NAME
	MGRM Robert J. Fiermonti
	729 St Andrews Blvd. Naples, FL 34113
	200003169762-4
	-03/14/00--01115--020
	*****50.00 *****50.00

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: ROBERT J. FIERMONTI *Signature Required* Date: 2/24/2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E013 19/99