FILED May 01, 2002 8:00 am

LIMITED LIABILITY COMPA	
UNIFORM BUSINESS REPORT	(UBR)

	1133 REPOR	i (ODN)	7744	CC4	
DOCUMENT # M0800001659 1. Entity Name			ſ	Secretary of State 05-01-2002 91552 045 ****55.00	
GARGIULO FOODS, L.L.C	. \				
DO NOT WRIT	E IN THIS S	PACE			
2. Principal Place of Business	3. Mailing Address	<u> </u>	ENTERED APR 1 9 2002		
230 Sunport LN. Suite, Apt. #, etc. 550	5uite, Apt. #, etc.	Street	DO NOT WRITE IN THIS S	;PACE	
Orlando, FL	City & State West New	York, NJ	4. FEI Number 22 - 3741395	Applied For Not Applicable	
Zip Country 32809 USA	Zip 07093	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
		Name C	7. Name and Address of Current Registered	Agent	
DO NOT V	VRITE	Street Addre	tank Garquio ss (P.O. Box Number is Not Acceptable)		
IN THIS SPACE		Sunport LN. Suite	500		
		City	Support LN. Suite	Zip Code 32809	
8. The above named entity submits this statemen	t for the purpose of changing its			132809	
SIGNATURE X Fronk So	reiula				
Signature, typed or printed name of registered ag	en and title if applicable.		DATE		
	Make Check Pa	FEE IS \$50.00 yable to Departmen OUE BY MAY 1	t of State		
	BERS/MANAGERS				
TITLE MEMBER FRANK Garginlo		TITLE NAME		22E083B (12/01)	
NAME FRANK Gargiulo STREET ADDRESS 629 62nd Street CITY-ST-ZIP West New York, N	T name	STREET ADDRESS CITY-ST-ZIP		33B (
MEMBER	3 0/0/3	TITLE			
NAME VINCENT GARGIULO STREET ADDRESS 629 62 Nd Street		NAME STREET ADDRESS	ŧ	5	
CITY-ST-ZIP West New York, A	J 07093	CITY-ST-ZIP			
HANK GARGINLO, SR WAME 629 62ND Street		TITLE NAME			
STREET ADDRESS West New York, NI	t 07093	STREET ADDRESS	DO NOT WEIT	-=	
OTY-ST-ZIP		CITY-ST-ZIP		DO NOT WRITE	
IAME		NAME	IN THIS SPACE		
STREET ADDRESS DITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	·	TITLE	,		
iame [®] Street address		NAME STREET ADDRESS			
DITY-ST-ZIP		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	/	
ITLE (IAME		TITLE NAME			
STREET ADDRESS		STREET ADDRESS			
ITY-ST-ZIP	ish state Citing along and a 195 C	CITY-ST-ZIP			

SIGNATURE: Lord Samuels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

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.