

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000738

1. Entity Name

GAGE FOOD PRODUCTS, LLC

FILED

01 JAN 17 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1501 N 31ST AVE
MELROSE PARK IL 60160

Mailing Address

1501 N 31ST AVE
MELROSE PARK IL 60160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1919677

Applied For

Not Applicable

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

JAMES, ALAN
682 VENSON CT
DELTONA FL 32738-8703

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGR BIBLER, RICHARD S
STREET ADDRESS 500 WEST BROWN DEER ROAD, SUITE 104
CITY-ST-ZIP MILWAUKEE WI 53217

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

TITLE NAME ☐ Delete
MGR PICCIONE, JAMES
STREET ADDRESS 1501 N 31ST AVENUE
CITY-ST-ZIP MELROSE PARK IL 60160

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003567906
CITY-ST-ZIP -01/23/01--01075--002

TITLE NAME ☐ Delete
MGR BLUMENTHAL, WARREN
STREET ADDRESS 411 EAST WISCONSIN AVENUE
CITY-ST-ZIP MILWAUKEE WI 53202

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
MGR INZERELLO, CHRISTOPHER
STREET ADDRESS 1501 N 31ST AVENUE
CITY-ST-ZIP MELROSE PARK IL 60160

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

TITLE NAME ☐ Delete
MGR BLUMENTHAL, STEVEN
STREET ADDRESS 200 NORTH LASALE STREET, SUITE 2100
CITY-ST-ZIP CHICAGO IL 60601-1095

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: *James Piccione*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-9-01 708338-1501

CR2E083 (11/00)