

05-23-2002 90070 021 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**01162 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000 72212

1. Entity Name

A L FORNO FOOD SERVICES II, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2890 N. UNIVERSITY AVE

Suite, Apt. #, etc.

3. Mailing Address

6971 WEST BROADWAY BLVD

Suite, Apt. #, etc.

04-30-01 90392 037 \$150.00

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FLORIDA

City & State

PLANTATION, FLORIDA

4. FEI Number

65-1026965

Applied For

Not Applicable

Zip

33371

Country

Zip

33317

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *WALTER OLIVA*

Street Address (P.O. Box Number is Not Acceptable)

1389 HARBOR SIDE DRIVE

City *WESTON*

FL

Zip Code
33326

**DO NOT WRITE
IN THIS SPACE**

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

Oliva Walter

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

(NOTE: Registered Agent signature required when consolidating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>DIRECTOR</i>
NAME	<i>OLIVA, WALTER</i>
STREET ADDRESS	<i>1389 HARBOR SIDE DRIVE</i>
CITY-ST-ZIP	<i>WESTON, FL 33326</i>
TITLE	
NAME	
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CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Oliva Walter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR20034B (12/01)

225 n.e. mizner blvd., ste. 250
Boca Raton, Florida 33432

attachment #

561 394 5100
561 750 9781 fax

www.kaufmanrossin.com

P0000072212

659880

April 29, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Alforno Food Services IV, Inc.
EIN#: 65-1026965
Form: UBR-1

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are in receipt of your notice date April 19, 2002 (copy enclosed). As previously noted, in our letter dated February 14, 2002, please be advised that our client never received the notice indicating the Uniform Business Report that he filed was incorrectly filled out. The company's management relocated to 6971 W. Broward Boulevard in Plantation, Florida during 2001 from 1389 Harbor Side Drive in Weston, Florida. Therefore, we have enclosed for resubmission The Uniform Business Report correctly completed, along with a check in the amount of \$150.00. The enclosed check is for the filing fee.

In light of the above information we respectfully request that all penalties and interest be abated and that you find this matter resolved. Please contact the undersigned if you have any questions.

Very truly yours,

Mark Weinstock, CPA

Mark Weinstock, CPA
Kaufman, Rossin & Co.

Enclosure

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**KAUFMAN
ROSSIN &
CO.** PROFESSIONAL
ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS