

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90731 007 \*\*\*150.00

0540324  
 AV

**DOCUMENT # P01000060469**

**1. Entity Name**  
**ROCCO MEAT AND FOOD DISTRIBUTORS, INC.**

**Principal Place of Business**

**1204 TAMARIND WAY**  
**BOCA RATON FL 33486**

**Mailing Address**

**1204 TAMARIND WAY**  
**BOCA RATON FL 33486**

**00122845**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**4100 N. POWERLINE RD**

**3. Mailing Address**

**SAME**

Suite, Apt. #, etc.

**Q6**

Suite, Apt. #, etc.

City & State

**POMPANO BEACH FL**

City & State

**4. FEI Number**

**65-1115259**

Applied For

Not Applicable

Zip

**33073**

Country

**Broward**

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MUNAFI, ROBERT J**  
**1204 TAMARIND WAY**  
**BOCA RATON FL 33486**

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

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

☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
 NAME **BROCCO, ANTHONY**  
 STREET ADDRESS **6784 BARRIER REEF STREET**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **D** ☐ Delete  
 NAME **MUNAFI, ROBERT**  
 STREET ADDRESS **1204 TAMARIND WAY**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE **D** ☐ Delete  
 NAME **MC FADDEN, JEANETTE**  
 STREET ADDRESS **1204 TAMARIND WAY**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/02 258 5833**  
 Date Daytime Phone #

CR2E034 (9/01)