

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90143 040 ***150.00

0379915 AV

DOCUMENT # P01000100205

1. Entity Name
V & J FINE FOODS, INC.



Principal Place of Business
**1517 WOODBRIDGE LAKES CIRCLE
WEST PALM BEACH FL 33406**

Mailing Address
**1517 WOODBRIDGE LAKES CIRCLE
WEST PALM BEACH FL 33406**



2. Principal Place of Business

2001 10th AVE N

3. Mailing Address

2001 10th AVE N

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

4. FEI Number

61-1156304

Applied For

Not Applicable

Zip

33461

Country

USA

Zip

33461

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DECAPRIO, VINCENT
1517 WOODBRIDGE LAKES CIRCLE
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name
MONTALBANO, JACK
Street Address (P.O. Box Number is Not Acceptable)
2915 SIERRA PINE DR
LANTANA FL
City **LANTANA** FL Zip Code **33462**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/2/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election, Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTALBANO, JACK	
STREET ADDRESS	2915 SIERRA PINE DRIVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DECAPRIO, VINCENT	
STREET ADDRESS	1517 WOODBRIDGE LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V. Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN MAJORS	
STREET ADDRESS	2203 22ND LANE	
CITY-ST-ZIP	GRAND AVENUE FL 33463	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MAJORS	
STREET ADDRESS	2203 22ND LANE	
CITY-ST-ZIP	GRAND AVENUE FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-346-3499

CR2E034 (10/02)