

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 026 ***150.00

0020281 AV

DOCUMENT # P02000014837

1. Entity Name
ITALIAN DELICATESSEN FROZEN PRODUCTS, INC



Principal Place of Business
**800 BRICKELL AVE., STE. 1115
MIAMI FL 33131**

Mailing Address
**800 BRICKELL AVE., STE. 1115
MIAMI FL 33131**



2. Principal Place of Business
4853 PEMBROKE ROAD
Suite, Apt. #, etc.

3. Mailing Address
4853 PEMBROKE ROAD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FL
Zip
33021 Country
USA

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HOLLYWOOD, FL
Zip
33021 Country
USA

4. FEI Number
51-0423732 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OPPENHEIM, STEVEN P
800 BRICKELL AVE., STE. 1115
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
800 BRICKELL AVE, STE. 107
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven P. Oppenheim* **STEVEN P. OPPENHEIM** **4/24/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

JEAN CARLO NARDI **4/25/03** **305-371-8755**
Date Daytime Phone #

CR2E034 (10/02)