

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36819

1. Entity Name

4C FOODS CORP.

Principal Place of Business

580 FOUNTAIN AVE.  
BROOKLYN NY 11208

Mailing Address

580 FOUNTAIN AVE.  
BROOKLYN NY 11208

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 11-1691181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CELAURO, SALVATORE F., SR.  
16660 SENTERRA DR.  
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

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, 2001 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

TITLE DC ☐ Delete  
NAME CELAURO, SALVATORE F SR  
STREET ADDRESS 16660 SENTERRA DR  
CITY-ST-ZIP DELRAY BCH FL

TITLE D ☐ Delete  
NAME CELAURO, ROSEANN  
STREET ADDRESS 580 FOUNTAIN AVE  
CITY-ST-ZIP BROOKLYN NY

TITLE DP ☐ Delete  
NAME CELAURO, JOHN A.  
STREET ADDRESS 580 FOUNTAIN AVE.  
CITY-ST-ZIP BROOKLYN NY

TITLE V ☐ Delete  
NAME CELAURO, NATHAN J.  
STREET ADDRESS 580 FOUNTAIN AVE.  
CITY-ST-ZIP BROOKLYN NY

TITLE VS ☐ Delete  
NAME CELAURO, WAYNE J.  
STREET ADDRESS 580 FOUNTAIN AVE.  
CITY-ST-ZIP BROOKLYN NY

TITLE VT ☐ Delete  
NAME MCCracken, SALVATRICE  
STREET ADDRESS 580 FOUNTAIN AVE.  
CITY-ST-ZIP BROOKLYN NY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Salvatore McCracken*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

718-272-4442

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)