

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001281

1. Entity Name  
INTERNATIONAL FOOD PRODUCTS, INC.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90414 035 \*\*\*150.00

0502652 AV

Principal Place of Business  
1661 WILLIAMSBURG SQUARE  
LAKELAND FL 33803

Mailing Address  
1661 WILLIAMSBURG SQUARE  
LAKELAND FL 33803



2. Principal Place of Business

916 WOODMONT LANE

3. Mailing Address

916 WOODMONT LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL.

City & State

LAKELAND, FL.

Zip

33813

Country

POLK

Zip

33813

Country

POLK

4. FEI Number

59-3221341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MONDELLO, THOMAS P  
1661 WILLIAMSBURG SQUARE  
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name THOMAS P. MONDELLO

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

916 WOODMONT LANE.

City LAKELAND

FL

Zip Code 33813

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

*Thomas P. Mondello*

4/28/03

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MONDELLO, THOMAS P	
STREET ADDRESS	1661 WILLIAMSBURG SQUARE	
CITY - ST - ZIP	LAKELAND FL 33803	
TITLE	916 WOODMONT LANE	<input type="checkbox"/> Delete
NAME	LAKELAND, FL.	
STREET ADDRESS	33813	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<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	
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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

*Thomas P. Mondello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)