

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008521

1. Entity Name
A & E FOODS, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90026 001 ***150.00

Principal Place of Business
201 S RIDGEWOOD AVE., #12
#12
EDGEWATER FL 32141
US

Mailing Address
201 S RIDGEWOOD AVE., #12
#12
EDGEWATER FL 32141
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3227939**

Applied For
Not Applicable

Zip Country

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

AFFRONTI, ANTHONY A
107 EAST PALM WAY
#12
EDGEWATER FL 32132

Name

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

201 S. Ridgewood Avenue #12

City

Edgewater

FL

Zip Code

32141

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **AFFRONTI, ANTHONY A**
STREET ADDRESS **44 COLONIAL CIRCLE**
CITY-ST-ZIP **FAIRPORT NY**

TITLE ☒ Change ☐ Addition
NAME **323 Marina View Lane**
STREET ADDRESS **Webster NY**
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **AFFRONTI, ANTHONY A III**
STREET ADDRESS **903 NORTH ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ Change ☒ Addition
NAME **VP Affronti, Gina**
STREET ADDRESS **903 North Street**
CITY-ST-ZIP **New Smyrna Beach FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)