

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90780 026 ***150.00

DOCUMENT # P94000036402

1. Entity Name

NEW ENGLAND FLOUR CORP



DO NOT WRITE IN THIS SPACE

14018725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7800 CONGRESS AVENUE

3. Mailing Address
5 DAKOTA DRIVE

Suite, Apt. #, etc.

SUITE #206

Suite, Apt. #, etc.

SUITE 305

City & State

BOCA RATON, FL

City & State

LAKE SUCCESS, NY

4. FEI Number

65-0498044

Applied For

Not Applicable

Zip
33487

Country
USA

Zip
11042

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ALCALAY, BEN ZION

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

18161 DAYBREAK DRIVE

City BOCA RATON

FL

Zip Code
33496

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP
ALCALAY, BEN ZION 18161 DAYBREAK DRIVE BOCA RATON, FL 33496		

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David McKey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)