

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000040288**

1. Entity Name

Lolas Food Products Inc.

Principal Place of Business

Mailing Address

**3333 Waller St.
Jacksonville FL 32254**

2. Principal Place of Business

3. Mailing Address

Same as above

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

JACKSONVILLE FL

Zip

Country

Zip

Country

32254

DUVAL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLOS DE PANO
7156 PRECIE ST.
Jacksonville FL 32210**

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 fee 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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
HENRY DE PANO**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**HEAVY DE VP
NENITA DE PANO**

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STREET ADDRESS
CITY-ST-ZIP

**GEN. MANAGER
CARLOS DE PANO**

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☐ Change ☐ Addition

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

8 May 00

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90188 012 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)