

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040288

1. Entity Name

LOLA'S FOOD PRODUCTS, INCORPORATED

Principal Place of Business

Mailing Address

3333 WALLER ST
JACKSONVILLE FL 32254
US

3333 WALLER ST
JACKSONVILLE FL 32254
US

2. Principal Place of Business

3333 waller st

3. Mailing Address

3333 waller st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32254

Country

US

Zip

32254

Country

US

6. Name and Address of Current Registered Agent

DEPANO, CARLOS
7156 PRECLLI ST
JACKSONVILLE FL 32210

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	GM	<input type="checkbox"/> Delete
NAME	DEPANO, CARLOS I JR.	
STREET ADDRESS	7156 PRELLIE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEPANO, NENITA T	
STREET ADDRESS	7156 PRELLIE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEPANO, HENRY T	
STREET ADDRESS	8245 VELVET SPRING LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEPANO, ROWENA A	
STREET ADDRESS	8245 VELVET SPRINGS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEPANO, RANNIE T	
STREET ADDRESS	7156 PRELLIE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

CARLOS DEPANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90007 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

7-25-01 904 3870097

Date Daytime Phone #

7/25/06 Attachment
611050004028
B0U600940

To whom it may concern,
as per our telephone conversation
our Business is not moving at
all, that is the reason why the filling
is late, because we do not have
the necessary fund.

Hoping for your kind consideration
to this matter. Thanks again.

Alfonso