

2001 UNIFORM BUSINESS REPORT (UBR)

0079037 AV

DOCUMENT # **P97000084956**

1. Entity Name
AMBROSIA FOOD CORP.

FILED

02 JAN 28 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4674 PINE TREE DRIVE
BOYNTON BEACH FL 33436**

Mailing Address
**4674 PINE TREE DRIVE
BOYNTON BEACH FL 33436**

2. Principal Place of Business
**1520 Neptune Drive
Suite B
Boynton Beach, FL
33426 USA**

3. Mailing Address
**1520 Neptune Drive
Suite B
Boynton Beach, FL
33426 USA**

4. FEI Number **65-0784932** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MANOLAKOS, PAUL
4674 PINE TREE DRIVE
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent
Name **Manolacos, Paul**
Street Address (P.O. Box Number is Not Acceptable)
**1520 Neptune Drive, Suite B.
Boynton Beach FL 33426**

8. The above named, **Paul Manolacos**, this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Paul Manolacos** DATE **1/25/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D MANOLAKOS, PAUL 4674 PINE TREE DRIVE BOYNTON BEACH FL 33436	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Manolacos, Paul 1520 Neptune Drive, Suite B Boynton Beach, FL 33426	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004881551-7 -02/05/02--01082--021 *****900.00 *****900.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: **Paul Manolacos** **12/20/01** **561-731-4440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)