

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
 09-12-2001 90026 036 ***550.00

DOCUMENT # P97000090446

1. Entity Name
R N C FOODS, INC.

Principal Place of Business
**4355 NW 25TH WAY
 BOCA RATON FL 33434**

Mailing Address
**C/O THEODORE DANIELS. ESQ.
 4400 N FEDERAL HWY
 BOCA RATON FL 33431**

2. Principal Place of Business
2630 NE 20th Street

3. Mailing Address
2630 NE 20th Street

Suite, Apt. #, etc.

City & State
Pompano Beach, Florida

City & State
Pompano Beach, Florida

Zip
33062

Country
USA

Zip
33062

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0792287** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**DANIELS, THEODORE
 4400 N FEDERAL HWY
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
 Name **John Stabile**
 Street Address (P.O. Box Number is Not Acceptable) **2630 NE 20th Street**
 City **Pompano Beach** **FL** Zip Code **33062**

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 (NOTE: Registered Agent signature required when reinstating) DATE **8/06/01**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	GNANN, VAN C JR <input checked="" type="checkbox"/> Delete	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GNANN, VAN C JR		NAME John Stabile	
STREET ADDRESS 4355 NW 25TH WAY		STREET ADDRESS 2630 NE 20th Street	
CITY-ST-ZIP BOCA RATON FL 33434		CITY-ST-ZIP Pompano Beach, FL 33062	
TITLE VP <input checked="" type="checkbox"/> Delete		TITLE Vice President, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEVINS, JAY		NAME Cynthia Stabile	
STREET ADDRESS 7 FORT SALONGA WOODS RD		STREET ADDRESS 2630 NE 20th Street	
CITY-ST-ZIP NORTH PORT NJ 11768		CITY-ST-ZIP Pompano Beach, FL 33062	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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: **8/06/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)