

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 003 ***150.00

DOCUMENT # *P99000012254*

1. Entity Name

CYDNI Food, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6501 PARK BLVD

Suite, Apt. #, etc.

3. Mailing Address

6501 PARK BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pinellas PARK FL

City & State

Pinellas PARK FL

4. FEI Number

59-3219801

Applied For

Not Applicable

Zip

33781

Country

Pinellas, USA

Zip

33781

Country

Pinellas USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ronald J. Hamilton

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

13920 DANIELA CT

City

Seminole

FL

Zip Code

33776

**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.

SIGNATURE

Ronald J. Hamilton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>DP</i>
NAME	<i>TRIANAFILIA PANAKOS</i>
STREET ADDRESS	<i>6501 PARK BLVD</i>
CITY-ST-ZIP	<i>PINELLAS PARK, FL 33781</i>
TITLE	<i>D-T</i>
NAME	<i>ANGY CHRISTOPHER</i>
STREET ADDRESS	<i>6501 PARK BLVD</i>
CITY-ST-ZIP	<i>PINELLAS PARK, FL 33781</i>
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Angy Christopher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

Daytime Phone #

CR2E034B (12/01)