

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047726

1. Entity Name

VINCENZO FOODS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90013 029 \*\*\*150.00

Principal Place of Business

Mailing Address

13921 86TH AVE. N.  
 SEMINOLE FL 34646

13921 86TH AVE. N.  
 SEMINOLE FL 33776-2230

2. Principal Place of Business

3. Mailing Address

14995 GULF BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MADEIRA BEACH, FL

Zip

Country

Zip

Country

33708

U.S.A.

4. FEI Number

59-3580152

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLOMBI, JAMES  
 13921 86TH AVE. N.  
 SEMINOLE FL 34646

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

James Colombi V.P.

(NOTE: Registered Agent signature required when reinstating)

4-18-00

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 D ☐ Delete  
 NAME COLOMBI, JAMES  
 STREET ADDRESS 13921 86TH AVE. N.  
 CITY-ST-ZIP SEMINOLE FL 34646

TITLE PRESIDENT ☐ Change ☒ Addition  
 NAME MARIO COLOMBI  
 STREET ADDRESS 13921 86TH AVE. N.  
 CITY-ST-ZIP SEMINOLE, FL 33776

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition  
 NAME PAMELA COLOMBI  
 STREET ADDRESS 13921 86TH AVE. N.  
 CITY-ST-ZIP SEMINOLE, FL 33776

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Colombi

Date

Daytime Phone #

4-18-00 (727) 345-6229

CR2E034 (9/99)