

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90010 012 ***150.00

DOCUMENT # P99000047726

1. Entity Name
VINCENZO FOODS, INC.

Principal Place of Business
14995 GULF BLVD
MADEIRA BEACH FL 33708
US

Mailing Address
13921 86TH AVE. N.
SEMINOLE FL 34646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **COLOMBI, MARIO**
 CITY-ST-ZIP **13921 86TH AVE N SEMINOLE FL 33776**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **COLOMBI, PAMELA**
 CITY-ST-ZIP **13921 86TH AVE N SEMINOLE FL 33776**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 line empowered.

SIGNATURE: *PAMELA COLOMBI* **8/1/01** **(727) 5964063**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0122147 AT

CR2E034 (5/01)

Attachment

Vincenzo Foods, Inc.
13921 86th Ave. N. Seminole, FL 33776
Tel: (727) 596-4063

DOC # P99 000047726
C0074989

August 2, 2001

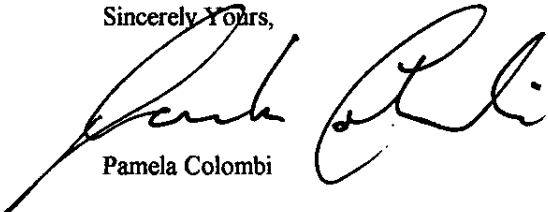
Florida Department Of State
Division of Corporations,
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir,

Re: Uniform Business Report Document # P99000047726

Please find the enclosed and a check for \$150. I understand I should have received one earlier in the year. Unfortunately I was very sick for an extended period of time and do not recall having seen it, if, in fact I even did.
Please forgive my tardiness it was not intentional.

Sincerely Yours,


Pamela Colombi