

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

05-21-2002 90889 041 ***150.00

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

DOCUMENT # P99000106974

1. Entity Name

AL FORNO FOOD SERVICES III, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12393-2 PEMBROKE ROAD

Suite, Apt. #, etc.

3. Mailing Address

12393-2 PEMBROKE ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-0966377

Applied For

Not Applicable

Zip

33025

Country

BROWARD

Zip

33025

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

IRA L. ZUCKERMAN

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

2200 N. COMMERCE PKWY, SUITE 206

City

WESTON

FL

Zip Code

33326

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.

IRA L. ZUCKERMAN

(NOTE: Registered Agent signature required when reinstating)

4/30/02
Date

**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 D
NAME GARCIA, FABIAN
STREET ADDRESS 12393-2 PEMBROKE ROAD
CITY - ST - ZIP PEMBROKE PINES, FL 33025

TITLE P
NAME ROBERTO SCHNAKOFISKY
STREET ADDRESS 12303-2 PEMBROKE ROAD
CITY - ST - ZIP PEMBROKE PINES, FL 33025

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO SCHNAKOFISKY

04/30/02

Date

954-444-6464

Daytime Phone #

CR2E034B (12/01)