

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V28690**  
 1. Entity Name  
**D+m Food Services, Inc.**

Principal Place of Business Mailing Address  
**4449 NW 113th Terr**  
**Coral Springs, FL 33065**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION

01 NOV 27 PM 2:44

DO NOT WRITE IN THIS SPACE  
**05-21-01 90365 008 \$150.00**

4. FEI Number  
**65-0321894** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**Vincent Marchione**  
**4449 NW 113th Terr**  
**Coral Springs, FL 33065**

7. Name and Address of New Registered Agent  
 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 **Vincent Marchione**  
 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) ☐  
 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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4449 NW 113th Terr</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>Coral Springs, FL 33065</b>		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Vincent Marchione**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

4500  
**D&M Food Service, Inc.**

4449 NW 113th Terr  
Coral Springs, FL 33065

Phone 954-969-1655  
Fax 954-969-1653

November 13, 2001

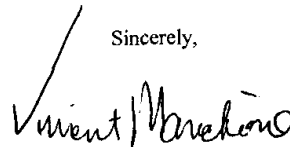
Florida Dept. of State  
Division of Corporation  
5050 W. Tennessee Street  
Tallahassee, FL 32399

To: Whom It May Concern:

RE: D&M Food Service:

This letter is in reference to my 2001 Annual Renewal Report. After speaking to your office today I was instructed to write this letter regarding my renewal for 2001. I mailed my renewal but you dissolved my corporation anyway. Enclosed is a copy of the canceled check and my renewal report. Your office stated that they mailed me a notice saying you needed information but I never received it. I recently moved but I not only sent you a letter stating my new address but I had a forward on my previous address with the post office. Please correct your records and if you need any information please contact me at the above number or address. I would appreciate your prompt attention to this matter. Thank you.

Sincerely,



Vincent Marchione  
President