


01-29-2003 90292 004 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N02000004979**

1. Entity Name  
**FAIR FOOD AMERICA, INC.**



Principal Place of Business      Mailing Address  
**5307 CITADEL RD**                      **5307 CITADEL RD**  
**VENICE FL 34293**                      **VENICE FL 34293**

2. Principal Place of Business      3. Mailing Address  
**3305 Ramblewood Dr. N.**              **PO Box 51482**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State  
**Sarasota, FL**                      **Sarasota, FL**

Zip                      Country                      Zip                      Country  
**34237**                      **USA**                      **34232**                      **USA**

1  
 1/2  
 5  
 33011003  
 [Barcode]  
 CHECK HERE IF MAKING CHANGES


4. FEI Number                      Applied For  
**04-3695046**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MALONI, DAVID**  
**5307 CITADEL RD.**      ~~PO Box 51482~~  
**VENICE FL 34293**      **Sarasota, FL 34232**  
                                  **3305 Ramblewood Dr. N.**  
                                  **Sarasota, FL 34237**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **David Maloni**      **President**      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees.      Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>David Maloni</b> <b>President</b> <b>3305 Ramblewood Dr. N.</b> <b>Sarasota, FL 34237</b>	
		<b>Josh Nuen</b> <b>Vice President</b> <b>52976 Helman Rd.</b> <b>South Bend, IN 46627</b>	
		<b>Julie A. DiPiero</b> <b>Secretary</b> <b>1664 Cherry Ln, #2</b> <b>Sarasota, FL 34236</b>	

12. 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **David Maloni**      **President**      1/24/03      941-361-2498

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (10/02)