FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2004 8:00 am
Secretary of State
05-26-2004 90004 048 ***150.00

DOCUMENT # P03000079793

1. Entity Name: RICCO GELATO CORP

DO NOT WRITE IN THIS SPACE

44045953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10471 NW 41 ST	10471 NW 41 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33178 Country: MIAMI DADE	Zip: 33178 Country: MIAMI DADE

4. FEI Number: 04-3767314 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SIMBRON, JUAN

Street Address (P.O. Box Number is Not Acceptable): 8625 NW 8 ST APT 201

City: MIAMI FL Zip Code: 33126

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: ✓ PDTE DATE: 5/5/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	SIMBRON, JUAN
STREET ADDRESS	8625 NW 8 ST - APT 201
CITY-ST-ZIP	MIAMI FL 33126
TITLE	D
NAME	ROSSETTI, CARLA
STREET ADDRESS	8625 NW 8 ST ap 201
CITY-ST-ZIP	MIAMI FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: ✓ PDTE DATE: 5/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
44045953

DIVISION OF CORP
TALLAHASSEE:

DIVISION CORP.
ANNUAL REPORT 2004
P03000079793

THE REPORT OF THE REFERENCE HEREIN WAS
RECEIVED BY US.
THE CK ATTACHED COVERS THE FEE OF
$ 150.00 BY THIS REPORT.

I APPRECIATE VERY MUCH YOUR COOPERATION
IN THIS MATTER.