

**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

2. Principal Place of Business 10471 NW 41 ST		3. Mailing Address 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

DO NOT WRITE IN THIS SPACE

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 SIMMONS, JUAN	
Street Address (P.O. Box Number is Not Acceptable) 8625 NW 8 ST APT 201	
City MIAMI	Zip Code FL 33176

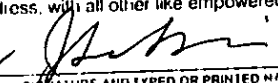
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Pdte 5/5/04**
(NOTE: Registered Agent Signature required when reappointing) 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
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMMONS, JUAN 8625 NW 8 ST - APT 201 MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSETTI, CARLA 8625 NW 8 ST APT 201 MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 5/5/04**
Date Daytime Phone #

Attachment
44045953

DIVISION OF CORP
Tallahassee.

DIVISION CORP.
ANNUAL Report 2004

103000079793

The Report of the Referee Hovon WAS
Received by OS.

The ck attached cover the Fee of
\$ 150.00 by THIS Report.

I Appreciate very much your cooperation
in THIS matter.

J. L. ...