2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT # K45917** 1. Entity Name MICHELANGELO, INC. 05-11-2001 90297 006 ***150.00 Mailing Address Principal Place of Business 518 INDUSTRIAL AVE 518 INDUSTRIAL AVE 14 & 15 14 & 15 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Mailing Address 2. Principal Place of Business 00 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0113215 Not Applicable RFACH \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namē BIZZOTTO, FIDENZIO Street Address (P.O. Box Number is Not Acceptable) 518 INDUSTRAIL AVE **BAY 14 & 15 BOYNTON BEACH FL 33435** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition BIZZOTTO, FIDE Change : ☐ Delete TITLE TITLE NAME BIZZOTTO, FIDENZIO NAME STREET ADDRESS 518 INDUSTRIAL AVE., BAY 14 & 15 STREET ADDRESS BEACH FL. 33444 CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33435** ☐ Addition TITI F ☐ Delete TITLE BIZZOTTO, GRAZIA BIZZOTTO, GRAZIA NAME NAME 300 NW 22 nd Street STREET ADDRESS 518 INDUSTRIAL AVE., BAY 14 & 15 STREET ADDRESS BEACH FL. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Change Addition TITLE ☐ Delete TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

Godin Blub GRAZIA BIZZOTTO

4-27-01 (561) 279 4140

e Daytime Phone #