2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001751

1. Entity Name

FORMULA FRANCHISING ITALIANO, LLC

FILED
2001 JUN -7 AM 11:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6740 BULL RUN ROAD, #350 MIAMI LAKES, FL. 33014	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1250 SW 27th AVE.	SAME
Suite, Apt. #, etc. # 307	Suite, Apt. #, etc. SAME
City & State MIAMI, FLORIDA	City & State SAME
Zip 33135	Country USA
Zip SAME	Country SAME

4. FEI Number
65-1053624
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATINO, RALPH G 225 ALCAZAR AVENUE CORAL GABLES, FLORIDA 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

400004376414--7
-06/07/01--01124--006
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ROLAND M. BOLIS - PRESIDENT 1881 WASHINGTON AVE. # 15D MIAMI BEACH, FLORIDA 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ANGELO PARISI - VICE PRESIDENT 1881 WASHINGTON AVE. # 15D MIAMI BEACH, FLORIDA 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete IRMA D'ANCONA SEC/TRES 1881 WASHINGTON AVE. # 15D MIAMI BEACH, FL. 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROLAND M. BOLIS - PRESIDENT 4/30/01

(305) 642-2388