

FILED  
May 29, 2002 8:00 am  
Secretary of State

04-30-2002 90132 024 \*\*\*\*50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000752

1. Entity Name

BACCO'S, LLC

Principal Place of Business

Mailing Address

1551 MAIN ST.  
SARASOTA FL 34236

1551 MAIN ST.  
SARASOTA FL 34236

86853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0913592

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

NAPOLITANO, JOHN E  
677 NORTH WASHINGTON BLVD.  
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
PIETRO MOSCHINI  
3666 CALLIANDRA DR. SARASOTA FL.

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TRESORER  
NINO O. MOSCHINI  
3666 CALLIANDRA DR  
SARASOTA FL 34232

☒ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CLAUDIA MOSCHINI  
SECRETARY  
3666 CALLIANDRA DR  
SARASOTA FL 34232

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
MATTEO MIGLIORINI  
3666 CALLIANDRA DR  
SARASOTA FL 34232

☐ 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/02 941 928 0610

Date

Daytime Phone #

CR2E083 (9/01)