

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90111 026 \*\*\*\*50.00

2/1

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000006908**

1. Entity Name

**PUCINI & PASTA, LLC**



Principal Place of Business

**201 ALHAMBRA CIRCLE SUITE 601  
CORAL GABLES FL 33134**

Mailing Address

**201 ALHAMBRA CIRCLE SUITE 601  
CORAL GABLES FL 33134**

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

**57-113645-8**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE SUITE 601  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete

**NAME  
PIERO FILPI  
STREET ADDRESS  
6450 ALLISON ROAD  
CITY-ST-ZIP  
MIAMI BEACH, FL 33141**

TITLE ☐ Delete

**NAME  
DEAN GAMBLE  
STREET ADDRESS  
4319 E. 7TH AVENUE  
CITY-ST-ZIP  
TAMPA, FL 330654**

TITLE ☐ Delete

**NAME  
BIAGO SCHIANO  
STREET ADDRESS  
385 COMMERCE WAY  
CITY-ST-ZIP  
Longwood, FL 32750**

TITLE ☐ Delete

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
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CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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**

**2/7/03 305-357-1001**

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

Date

Daytime Phone #

CR2E083 (10/02)