Applied For

\$5.00 Additional

Fee Required

Daytime Phone #

Not Applicable

## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L96000001005 1. Entity Name FORTITUDE BRANDS, L.C. Principal Place of Business Mailing Address C/O FRANCO STANZIONE C/O FRANCO STANZIONE 1915 BRICKELL AVE. APT. C-908 1915 BRICKELL AVE. APT. C-908 MIAMI FL 33129 MIAMI FL 33146-1270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MGMCity & State City & State

Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Country

Zip

SIGNATURE:

APPROVED AND

00 APR 27 AM 11: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

65-0716989

4. FEI Number

5. Certificate of Status Desired

| 6. Name and Address of Current Registered Agent  |                              |                            |                | 7. Name and Address of New Registered Agent        |             |                  |                                       |            |  |
|--|------------------------------|----------------------------|----------------|--|-------------|------------------|---------------------------------------|------------|--|
| _  |                              |                            | Name           |  | •           |                  |                                       | {          |  |
| CORPORATE ACCESS, INC.   |                              |                            |                | Street Address (P.O. Rev Number is Not Assentable) |             |                  |                                       |            |  |
| 236 E. 6TH AVENUE  |                              |                            | SileerA        | Street Address (P.O. Box Number is Not Acceptable) |             |                  |                                       |            |  |
| TALLAHASSEE FL 32303   |                              |                            |                |  |             |                  |                                       |            |  |
| TALLAI INOCEL I C 02000  |                              |                            | ļ              |  |             |                  | 7 7 0 1                               |            |  |
|  |                              |                            | City           | 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.  |                              |                            |                |  |             |                  |                                       |            |  |
| 2. This applied being section the state of the perpension sharing ing the registered differ of the state of t |                              |                            |                |  |             |                  |                                       |            |  |
| 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  |                              |                            |                |  |             |                  |                                       |            |  |
| 9.   | MANAGING MEMBERS/M           | EMBERS                     | 10.            |  | ADDITIO     | NS/CHANGES       |                                       |            |  |
| TITLE  | MGRM .                       | Delete                     | TITLE          |  | ADDITIO     | NO / OF IANGES   | Change                                | Addition   |  |
| NAME   | STANZIONE, FRANCO            | - nestro                   | NAME           |  |             |                  |                                       |            |  |
| STREET ADDRESS   | 1915 BRICKELL AVE. APT C-908 |                            | STREET ADDRESS |  |             |                  |                                       | J          |  |
| CITY- ST- ZIP  | MIAMI FL 33129               |                            | CITY-ST-ZIP    |  | <u> </u>    | 22497            | 200 <u>0</u> _                        | 1          |  |
| TITLE \$ 1.75 \$ \$ \$   | 7 10 41 3 AM                 | ☐ Delate                   | TITLE          |  | -05/1       | 2/0001           | Theorem                               | A Addition |  |
| NAME   |                              | □ vanu                     | NAME           |  | ***         | 2/0001<br>*50.00 | ************************************* | ว โกก      |  |
| STREET ADDRESS   | and the second second        |                            | STREET ADDRESS |  |             |                  |                                       | 7.00       |  |
| CITY- 8T- ZIP  | mi disentati lidia           |                            | CITY- ST-ZIP   |  |             |                  |                                       | }          |  |
| TITLE  |                              | Delete                     | TITLE          |  |             |                  | Change                                | Addition   |  |
| RAME   |                              |                            | MAME           |  |             |                  |                                       |            |  |
| STREET ACORESS   |                              |                            | STREET ADDRESS |  |             |                  |                                       |            |  |
| CITY-ST-ZIP  | •                            |                            | CITY-8T-ZIP    |  |             |                  |                                       |            |  |
| TITLE  |                              | Delate                     | TITLE          |  | <u></u>     |                  | ☐ Change                              | Addition   |  |
| NAME   | · ·                          |                            | NAME           |  |             |                  |                                       | _          |  |
| STREET ADDRESS   |                              |                            | STREET ADDRESS |  |             |                  |                                       | {          |  |
| CITY-ST-ZIP  |                              |                            | CITY- ST- ZIP  |  |             |                  |                                       |            |  |
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| NAME   |                              |                            | NAME           |  |             |                  |                                       |            |  |
| STREET ADDRESS   |                              | ا ـ ـــــ ـ ــــــ ـــــــ | STREET ADDRESS |  |             | <u> </u>         |                                       |            |  |
| CITY- \$T- ZIP   |                              | · · · ·                    | CITY-ST-ZIP    |  |             |                  |                                       |            |  |
| TITLE  |                              | ☐ Delete                   | TITLE          |  |             |                  | Change                                | Addition   |  |
| MAME   |                              | ľ                          | NAME           |  |             |                  |                                       | 1          |  |
| STREET ADDRESS   |                              |                            | STREET ADDRESS |  |             |                  |                                       |            |  |
| CITY-ST-ZIP  |                              |                            | CITY- ST- ZIP  | i  |             |                  |                                       |            |  |
| 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  |                              |                            |                |  |             |                  |                                       |            |  |
| indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under out it had a managing member of managing member |                              |                            |                |  |             |                  |                                       |            |  |

Country