

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90125 026 ***150.00

DOCUMENT # **P00000018570**

1. Entity Name **FIGARO Joe's, Inc**

2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

119 N. Congress Ave

Suite, Apt. #, etc.

3. Mailing Address

119 N. Congress Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach FL

City & State
Boynton Beach FL

4. FEI Number

65-1002057

Applied For

Not Applicable

Zip
33426

Country
PAIM Beach

Zip
33426

Country
PAIM Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
GIUSEPPE MUSUMECI

Street Address (P.O. Box Number is Not Acceptable)

12341 SAND WEDGE DRIVE

City & State
Boynton Beach FL

Zip Code

33437

**DO NOT WRITE
IN THIS SPACE**

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

Giuseppe Musumeci

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

(NOTE: Registered Agent signature required when reinstating)

4/7/02

DATE

9. This corporation is eligible to satisfy its Intangible

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
Giuseppe Musumeci
12341 SAND WEDGE DRIVE
Boynton Beach, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other life empowered.

SIGNATURE:

Giuseppe Musumeci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02

DATE

Daytime Phone #

561-438-7055