

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049072

1. Entity Name  
FIORETTA, INC.

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90005 039 \*\*\*508.75

Principal Place of Business  
27 SOUTH ORANGE AVE  
SARASOTA FL 34236

Mailing Address  
27 SOUTH ORANGE AVE  
SARASOTA FL 34236

660912



DO NOT WRITE IN THIS SPACE

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  
65-1008346

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ROBERT M  
27 SOUTH ORANGE AVE  
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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ROBERT M	
STREET ADDRESS	27 SOUTH ORANGE AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	<i>President - Director</i>	<input type="checkbox"/> Delete
NAME	<i>RASTRELLI, LUIGI</i>	
STREET ADDRESS	<i>27 S. ORANGE AV</i>	
CITY-ST-ZIP	<i>SARASOTA, FL 34236</i>	
TITLE	<i>VICE-PRESIDENT - DIRECTOR</i>	<input type="checkbox"/> Delete
NAME	<i>ROBERT M. JOHNSON</i>	
STREET ADDRESS	<i>27 S. ORANGE AV</i>	
CITY-ST-ZIP	<i>SARASOTA, FL 34236</i>	
TITLE	<i>RASTRELLI, FIORETTA SECRETARY</i>	<input type="checkbox"/> Delete
NAME	<i>27 S. ORANGE AV</i>	
STREET ADDRESS	<i>SARASOTA, FL 34236</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information / signature shall have the same legal effect as if made under oath; that I am an officer or director s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER R DIRECTOR

*ROBERT M. JOHNSON*  
*VICE-PRES*

*5/29/01*  
*941-955-5800*  
Date Daytime Phone #

CR2E034 (10/00)