

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90071 014 ***150.00

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DOCUMENT # P00000049072

1. Entity Name
FIORETTA, INC.



Principal Place of Business
**27 SOUTH ORANGE AVE
SARASOTA FL 34236**

Mailing Address
**27 SOUTH ORANGE AVE
SARASOTA FL 34236**



2. Principal Place of Business
200 South Orange Avenue

3. Mailing Address
200 South Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Sarasota, Florida

City & State
Sarasota, Florida

4. FEI Number **65-1008346**

Applied For
Not Applicable

Zip Country
34236 USA

Zip Country
34236 USA

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

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT M
27 SOUTH ORANGE AVE
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name
MOORE, JOHN L.

Street Address (P.O. Box Number is Not Acceptable)
200 South Orange Avenue

City Zip Code
Sarasota FL 34236

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)

3/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME **RASTROLI, LUIGI** ☐ Delete
STREET ADDRESS **27 S ORANGE AVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE PD
NAME **Rastrelli, Luigi** ☒ Change ☐ Addition
STREET ADDRESS **811 Paradise Way**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE VPD
NAME **JOHNSON, ROBERT M** ☒ Delete
STREET ADDRESS **27 S ORANGE AVENUE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME **RASTRELLI, FIORETTA** ☐ Delete
STREET ADDRESS **27 S ORANGE AVENUE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ST
NAME **Rastrelli, Fioretta** ☒ Change ☐ Addition
STREET ADDRESS **811 Paradise Way**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE
NAME **Rastrelli, Massimo** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VPD
NAME **Rastrelli, Massimo** ☐ Change ☒ Addition
STREET ADDRESS **811 Paradise Way**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VPD
NAME **Rastrelli, Leonardo** ☐ Change ☒ Addition
STREET ADDRESS **811 Paradise Way**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 **(941)**
Date Daytime Phone # **349-6239**

CR2E034 (10/02)