

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0041576 AV

DOCUMENT # P00000051778

1. Entity Name
CAFFE PASCUCCI TORREFAZIONE USA CORP.



FILED

03 SEP 10 PM 1:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

Mailing Address
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

2. Principal Place of Business
Via A.Battelli, 27
Suite, Apt. #, etc.

3. Mailing Address
Via A.Battelli, 27
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MONTECERIGNONE (PU)

City & State
MONTECERIGNONE (PU)

4. FEI Number 65-1029720

Applied For
Not Applicable

Zip 61010 Country ITALY

Zip 61010 Country ITALY

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

6. Name and Address of Current Registered Agent

HE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DRIVE, SUITE 600
MIAMI FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASCUCCI, ALBERTO	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, #600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASCUCCI, MARIO	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, #600	
CITY-ST-ZIP	MIAMI FL 33133	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI ALBERTO	
STREET ADDRESS	VIA A.BATTELLI, 27	
CITY-ST-ZIP	MONTECERIGNONE - ITALY - 61010	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI MARIO	
STREET ADDRESS	VIA A.BATTELLI, 27	
CITY-ST-ZIP	MONTECERIGNONE - ITALY - 61010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE ALBERTO PASCUCCI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT. 4th, 2003

Date Daytime Phone #

CF2E034 (4/03)