

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

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

04-17-2002 90116 001 ***150.00

DOCUMENT # P 000000 69799

1. Entity Name TUTO PAZZO, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 WASHINGTON
Suite, Apt. #, etc.

3. Mailing Address
720 NE 69TH ST
Suite, Apt. #, etc.
19N

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA
Zip
33138
Country
U.S.A

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33138
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4. FEI Number
59-3662949
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TIMOTHY M HOGLE
Street Address (P.O. Box Number is Not Acceptable)
720 NE 69TH ST
APT 19N
City MIAMI FL Zip Code 33138

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 TIMOTHY M HOGLE 4/5/02
Signature typed and 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)

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	<u>P</u> <u>TIMOTHY M HOGLE</u> <u>720 NE 69TH ST APT 19N</u> <u>MIAMI, FLORIDA 33138</u>	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 like empowered.

SIGNATURE: TIMOTHY M HOGLE 4/5/02 305
Signature typed and printed name of signing officer or director Date Daytime Phone # 151 8252

CR2E034B (12/01)