2001	UNIFORM BUSI	NESS REPO	RT ((UBF	?)		FIL.	ED .	_		
DOCUMENT # P00000101743 1. Entity Name J.J. VARRATI, INC.						_	29, 2 00	01 08:00 y of Sta		. ÷ .	
Principal Plac		Mailing Address									
RIVERVIEW 33569	FL	RIVERVIEW 33569		FL							
Principal Place of Business P.O. BOX 1280 3. Mailing Address 11822 LARK SONG LOOP											
Suite, Apt.		Suite, Apt. #, etc.					DO NOT V	WRITE IN THIS S	SPACE	_	_
City & State RIVERVIEW	9 FL	City & State RIVERVIEW		FL		 FEI Number 59-36833 			_	pplied For ot Applicable	-
Zip 335681280	Country	Zip 33569	Count	ry 	-	5. Certificate o	of Status Desire		\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			- ;	7. Name and A	Address of Ne	w Registered A	gent]
VARRATI 11822 LAKE	JOHN J SONG LOOP		Ì	Name Street Ac	ddress (PC). Box Number	is Not Accept	ahle)		<u> </u>	_
RIVERVIEV	V F	L									_
33569	US			City		·		FL.	Zip Coo		-
8. The above	named entity submits_this statement for	the purpose of changing its re	egistere	d office or	registered	agent, or both	, in the State o	f Florida.		, .	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable, (NOTE:	Registered	Agent signatu	re required wh	en reinstating)	· · · · · · · · · · · · · · · · · · ·	- 04/29/	<u>/2001</u>	<u> </u>	
	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!!	FEE	S \$150.0	00		tion Campaigr		\$5.0	0 May Be	
(See criter	ia on back)	Make Check Payable	e to De		of State	70000	t Fund Contrib		Adde	d to Fees	
11.	OFFICERS AND		12.	- 1	VS	ADDITIONS/C	HANGES TO	OFFICERS AND			-
NAME STREET ADDRESS	VARRATI VINA 11822 LAKE SONG LOOP	☐ Delete	NAME		VARRA'				X Change	Addition Addition	E034 (11/00)
CITY-ST-ZIP	RIVERVIEW	FL 33569		T ADDRESS ST-ZIP	RIVERV	ARK SONG LO	——————————————————————————————————————	FL	33569	· ~ <u> </u>	
NAME	PTD VARRATI JOHN J	☐ Delete ,	TITLE NAME		PTD VARRA				X Change	☐ Addition	CR2
STREET ADDRESS CITY-ST-ZIP	11822 LAKE SONG LOOP RIVERVIEW	FL 33569		T ADDRESS ST-ZIP	11822 L	ARK SONG LO	OOP	FL	33569		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-2IP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my wered to execute this report as	/ einnati	IFA Chall ha	ava tha car	ma legal offect	an if made and	ما دمطنيط فممسمام		. ar dirastar	
SIGNATURE: JOHN J. VARRATI PTD 04/29/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #											

Daytime Phone #