

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90003 044 ***158.75

DOCUMENT # P00000103323

1. Entity Name

PASTA MC., INC.

Principal Place of Business

**3005 TREE FORK LANE
 SUITE 109
 LONGWOOD FL 32750**

Mailing Address

**3005 TREE FORK LANE
 SUITE 109
 LONGWOOD FL 32750**

2. Principal Place of Business

2005 tree fork lane

3. Mailing Address

2005 tree fork lane

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

109

City & State

Longwood

City & State

Longwood

Zip

32750

Country

USA

Zip

32750

Country

USA

4. FEI Number

65-1060845

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARRONE, FRANCISCO H
 2005 TREE FORK LANE
 SUITE 109
 LONGWOOD FL 32750**

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.

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!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **P** ☐ Delete
 NAME **MARRONE, FRANCISCO H**
 STREET ADDRESS **2005 TREE FORK LANE, STE 109**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **VP** ☐ Delete
 NAME **MARRA, ANTONIO**
 STREET ADDRESS **2005 TREE FORK LANE, STE 109**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Delete
 NAME **VEGA, EDUARDO**
 STREET ADDRESS **2005 TREE FORK LANE, STE 109**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE OF EDUARDO VEGA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.7.02

Date

607-260-9015

Daytime Phone #

CR2E034 (9/01)