2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P00000106062 1. Entity Name MAMMA SESTO INC 04-24-2001 90023 047 ***150.00 Principal Place of Business Mailing Address 2011 BISPHAM ROAD 2011 BISPHAM ROAD TUITEUUT SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address words St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ARA 1.5-105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- --Name RIZZO, EMILIA Street Address (P.O. Box Number is Not Acceptable) 313 CARDINA ROAD VENICE FL City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition TITLE ☐ Delete TITLE NAME NAME RIZZO, BRENDA STREET ADDRESS STREET ADDRESS 313 GARDINIA ROAD CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34231 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME RIZZO, EMILIA ____ STREET ADDRESS STREET ADDRESS 313 GARDINIA ROAD CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34231 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME RIZZO, JAY STREET ADDRESS STREET ADDRESS 313 GARDINIA ROAD CITY-ST-ZIP CITY-ST-ZIP VENICE FL: 34231 TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition

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

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP