

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90074 008 ***158.75

DOCUMENT # P01000007665
1. Entity Name
TUSCANY PASTAS AND WINES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2900 W. SAMPLE RD.
Suite, Apt. #, etc.

3. Mailing Address
2900 W. SAMPLE RD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL
Zip
33073

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POMPANO BEACH, FL
Zip
33073

4. FEI Number
65-1070196

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
RAMON CARABALLO

Street Address (P.O. Box Number is Not Acceptable)
2900 W. SAMPLE RD.

City
POMPANO BEACH FL Zip Code
33073

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-18-02

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
P D S
RAMON CARABALLO
2900 W. SAMPLE RD.
POMPANO BEACH, FL 33073

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IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-02

Date

954-9356003

Daytime Phone #

CR2E034B (12/01)