FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90147 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013810

654266

1. Entity Name: MACCARONI'S Italian Gourmet Deli Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3430 Eastlake Rd	3430 EASTLAKE Rd
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State: Palm Harbor FL	City & State: Palm HARBOR FL
Zip: 34685 Country: USA	Zip: 34685 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3699006 ☐ 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: JASON MACCARONI

Street Address (P.O. Box Number is Not Acceptable): 1112 MICHIGAN Blvd.

City: Dunedin FL Zip Code: 34698

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) ☐

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 VT JASON MACCARONI 1112 MICHIGAN Blvd DUNEDIN FL 34698	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V & S Antoinette MACCARONI 1112 Michigan Blvd Dunedin FL 34698	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/01)

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: Jason 4-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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