

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90010 008 ***150.00

DOCUMENT # P01000023129

1. Entity Name
ITALIAN STYLE, INC.

Principal Place of Business
 755 NORTHWEST 72ND AVENUE
 PLAZA 6
 MIAMI FL 33126

Mailing Address
 755 NORTHWEST 72ND AVENUE
 PLAZA 6
 MIAMI FL 33126



2. Principal Place of Business
 11401 N.W. 12th ST.

3. Mailing Address
 11401 N.W. 12th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FE# Number
 65-1088682

Applied For
 Not Applicable

Zip
 33172

Country
 U.S.A.

Zip
 33172

Country
 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
 RAFFAELE SCHIRALDI
 Street Address (P.O. Box Number is Not Acceptable)
 11401 N.W. 12th ST.
 SPACE #472
 City
 MIAMI FL Zip Code
 33172

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 *Raffaele Schiraldi* - PRESIDENT 04-30-02
(Signature typed or printed name of registered agent and title 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIRALDI, RAFFAELE 755 NORTHWEST 72ND AVENUE PLAZA 6 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHIRALDI, PAOLO 755 NORTHWEST 72ND AVENUE PLAZA 6 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEHU, GENCI 755 NORTHWEST 72ND AVENUE PLAZA 6 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCHIRALDI RAFFAELE SCHIRALDI PAOLO VICE - PRESIDENT 11401 NW 12th ST #472 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raffaele Schiraldi* 04/30/02 3056298894
(Signature typed or printed name of signing officer or director Date Daytime Phone #)

UBR0011 AV

CR2E034 (9/01)