

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

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90001 007 ***158.75

DOCUMENT # PO1000036036

1. Entity Name

LA PIAGGIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 South Point Drive

Suite, Apt. #, etc.

3. Mailing Address

1000 South Point Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

4. FEI Number

65-1091503

Applied For

Not Applicable

Zip

33139

Country

U.S.A

Zip

33139

Country

U.S.A

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9725 Bay Harbor Terrace

Bay Harbor Island

City

MIAMI BEACH

FL

Zip Code

33154

**DO NOT WRITE
IN THIS SPACE**

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)

☒

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
ROBERT PASCAL
9725 Bay Harbor Terrace
Miami Beach, FL, 33154

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
ESCANES PIERRE
9725 Bay Harbor Terrace
Miami Beach, FL, 33154

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT PASCAL

04/03/2002 305.674.0883

Date

Daytime Phone #

CR2E034B (12/01)