02 AMENDMENT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC -6 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037861

1. Entity Name
ITALIAN PAVILION INC. USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4141 NE 2nd AVE	4141 NE 2nd AVE
Suite, Apt. #, etc. SUITE 104	Suite, Apt. #, etc. suite 104
City & State MIAMI, FL	City & State MIAMI, FL.
Zip 33137 Country USA	Zip 33137 Country USA

4. FEI Number 65-1092021 ☐ 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 BIZZOTTO, FIDENZIO

Street Address (P.O. Box Number is Not Acceptable) 4141 N.E. SECOND AVENUE

City MIAMI FL Zip Code 33137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD BIZZOTTO, FIDENZIO 4141 NE. SECOND AVENUE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIZZOTTO, GRAZIA 4141 NE. SECOND AVE. MIAMI, FL. 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIZZOTTO CHRISTIAN 4141 NE. SECOND AVE MIAMI, FL. 33137
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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: _____ 12-05-02 - 305 571 1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JF 12/10