FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2006 8:00 am
Secretary of State
07-07-2006 90003 028 ***150.00

DOCUMENT # P01000042233

1. Entity Name
FUOCO, INC.

DO NOT WRITE IN THIS SPACE

50021823

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2500 PARKVIEW DR		2500 PARKVIEW DR	
Suite, Apt. #, etc. 2103		Suite, Apt. #, etc. 2103	
City & State HALLANDALE FL		City & State HALLANDALE FL	
Zip 33009	Country	Zip 33009	Country

4. FEI Number 65-1104317 ☐ 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 WALTER GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
2500 PARKVIEW DRIVE #2103
City HALLANDALE FL Zip Code 33009

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 X [signature] 6/26/06
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	PD	TITLE	
NAME	GONZALEZ WALTER	NAME	
STREET ADDRESS	2500 PARKVIEW DR #2103	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MECOZZI FLAVIA	NAME	
STREET ADDRESS	2500 PARKVIEW DR #2103	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X [signature] 6/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

S002823

FUOCO, INC.
2500 PARKVIEW DRIVE APT 2103
HALLANDALE FL 33009

June 26, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: DOCUMENT#P01000042233

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of $ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Walter Gonzalez

WG/re