

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

FILED

03 DEC -8 AM 8:52

200-2 DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000042233*

1. Entity Name

FUOCO INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 SUNNY ISLE BLVD

3. Mailing Address

175 SUNNY ISLE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT *03*

DO NOT WRITE IN THIS SPACE

City & State

SUNNY ISLE BEACH FL

City & State

SUNNY ISLE BEACH FL

4. FEI Number

05-1104317

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GONZALEZ WALTER

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

175 SUNNY ISLE BLVD

City

SUNNY ISLES BEACH

FL

Zip Code

33160

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X - W. Gonzalez -

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/30/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PD*
NAME *GONZALEZ WALTER*
STREET ADDRESS *175 SUNNY ISLE BLVD*
CITY-ST-ZIP *SUNNY ISLE BEACH FL 33160*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000025327860
12/08/03--01068--014 **150.00

TITLE *TD*
NAME *MELOZZI FLAVIA*
STREET ADDRESS *175 SUNNY ISLE BLVD*
CITY-ST-ZIP *SUNNY ISLE BEACH FL 33160*

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

X - W. Gonzalez -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/03

DATE

Daytime Phone #

CR2E034B (12/02)

FUOCO, INC.
175 SUNNY ISLE BLVD
SUNNY ISLE BEACH, FL 33160

December 1, 2003

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

REF: FUOCO, INC.
P01000042233 2002

Dear Sir or Madam:

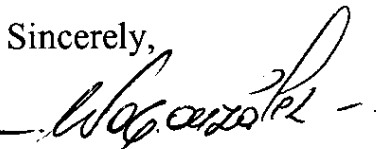
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

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,



Gonzalez Walter

GW/re