

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90132 040 ***150.00

DOCUMENT # **P01000070957**

1. Entity Name

In a Pickle, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

535 NE 24 Terr

Suite, Apt. #, etc.

3. Mailing Address

535 NE 24 Terr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

Zip
33137

Country

City & State
Miami, FL

Zip
33137

Country

4. FEI Number

☒ 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
Fabrizio GROSSO

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

535 NE 24 Terrace

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

Fabrizio GROSSO

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

(NOTE: Registered Agent signature required when reinstating)

04/18/2002

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
Fabrizio GROSSO
535 NE 24 Terr.
Miami FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Carole Logan
535 NE 24 Terr
Miami FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 typed or printed name of signing officer or director

Fabrizio GROSSO

04/18/2002 305.571.8090

Date

Daytime Phone #

CR2E034B (12/01)