

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMEND

06-02-2003 90196 001 ****61.25

P01000085423

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUN 10 PM 2:22

DOCUMENT # P01000085423

1. Entity Name
O SOLE MIO TRATTORIA ITALIANA, INC.



Principal Place of Business
12273 US HIGHWAY 98 WEST
DESTIN FL 32550

Mailing Address
12273 US HIGHWAY 98 WEST
DESTIN FL 32550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3740563

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, KARIN
12273 US HIGHWAY 98 WEST
DESTIN FL 32550

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PEREZ, KARIN
12273 US HIGHWAY 98 WEST
DESTIN FL 32550 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PERRUCCI, ANTONIO
12273 U.S. HIGHWAY 98 WEST
DESTIN, FL 32550 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karin Perez REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-20-2003

Date

850-6505950

Daytime Phone

CR2E034 (10/02)