

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90883 017 ***150.00

DOCUMENT # **PO1 000098173** ✓
1. Entity Name **CARMELLO'S RISTORANTE, INC**
DBA COCO BELLA
P.O. BOX 21371
SARASOTA, FL. 34276-4371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4726 CORTEZ RD. W.		3. Mailing Address 4726 CORTEZ RD. W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRADENTON FL.		City & State BRADENTON FL.	
Zip 34210	Country USA	Zip 34210	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-1143944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FRED L. ELLIOTT
Street Address (P.O. Box Number is Not Acceptable) 3625-B WEBBER ST.
City SARASOTA
FL
Zip Code 34232

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 _____
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D VINCENT ALBERT ZITO 1224 35TH AVE W. BRADENTON, FL. 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D JOHN J. ZITO 6054 ROGERS AVE. SARASOTA, FL. 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Vincent Zito** **4/29/02** **941-712-7888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)