

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90098 002 \*\*\*158.75

**DOCUMENT # P02000021636**

**1. Entity Name**  
**FATTO IN CASA, INC.**



**Principal Place of Business**  
**1865 BRICKLELL AVENUE**  
**APT. 2012-A**  
**MIAMI FL 33129**

**Mailing Address**  
**1865 BRICKLELL AVENUE**  
**APT. 2012-A**  
**MIAMI FL 33129**



**2. Principal Place of Business**

**1901 BRICKELL AVE.**

Suite, Apt. #, etc.

**STE B-202**

City & State

**MIAMI FL**

Zip

**33129**

Country

**3. Mailing Address**

**2121 PONCE DE LEON BLVD**

Suite, Apt. #, etc.

**STE 240**

City & State

**CORAL GABLES FL**

Zip

**33134**

Country

**4. FEI Number**

**01-0660825**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CARBONE, NORMA A**

**1865 BRICKLELL AVENUE**

**APT. 2012-A**

**MIAMI FL 33129**

**7. Name and Address of New Registered Agent**

Name

**PRATS, GABRIEL**

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

**2121 PONCE DE LEON BLVD**

**SUITE 240**

City

**CORAL GABLES**

**FL**

Zip Code

**33134**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-31-03**

**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**  
Trust Fund Contribution.



**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** **CARBONE, NORMA A**  
**STREET ADDRESS** **1865 BRICKLELL AVENUE APT. 2012-A**  
**CITY-ST-ZIP** **MIAMI FL 33129**

**TITLE** VD ☐ Delete  
**NAME** **FOCO, ROBERTO**  
**STREET ADDRESS** **1865 BRICKLELL AVENUE APT. 2012-A**  
**CITY-ST-ZIP** **MIAMI FL 33129**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PSD ☒ Change ☐ Addition  
**NAME** **CARBONE, NORMA A**  
**STREET ADDRESS** **1642 SW 21 ST**  
**CITY-ST-ZIP** **MIAMI FL 33145**

**TITLE** VTD ☒ Change ☐ Addition  
**NAME** **FOCO, ROBERTO O**  
**STREET ADDRESS** **1642 SW 21 ST**  
**CITY-ST-ZIP** **MIAMI FL 33145**

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

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

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

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

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**03/28/03 305 856 1365**

Date

Daytime Phone #

CR2E034 (10/02)