## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P02000029315 DOCUMENT #



FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90118 043 \*\*\*150.00

Principal Place of Business  2. Principal Place of Business  Suite, Apr. #, etc.  City & State  City	JOEY TO	MATOES, INC.							
Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desireo   \$8.75 Additional   \$8.75 Add	310 DIXIE HW	YY STE B	310 DIXIE HWY STE B						
City & State  Country  Country  Country  S. Name and Address of Current Registered Agent  FANTASIA, DINA 310 DIXE HWY STE B LANTANA FL 33462  City  City  FL Zip Code  City  FL	Principal Place of Business     3. Mailing Address					}		( <b>)</b>	H101 0441 H101
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  FANTASIA, DINA 310 DIXE HWY STE B LANTANA FL 33462  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. The above named entity submats 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent.  SIGNATURE  SIGNATURE  Signature, hosed or presed states or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the o	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HE	ERE IF MAKING (	HANGES		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  FANTASIA, DINA 310 DIXE HWY STE B LANTANA FL 33462  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. The above named entity submats 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent.  SIGNATURE  SIGNATURE  Signature, hosed or presed states or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the o	City & State		City & State			4. FEI Number 64 96	51	<del></del>	
FANTASIA, DINA 310 DIXIE HWY STE B LANTANA FL 33462  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent.  SIGNATURE    Signature, Appear or prister, name of registered agent and the diagnication of Make Check Payable to Florida Department of State	Zip Country		Zip	Country		•	ed ra \$		
FANTASIA, DINA 310 DIXIE HWY STE B LANTANA FL 33462  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Peyable to Florida Department of State  10. OFFICERS AND DIRECTORS  IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME STRET ADDRESS  CITY-SI-ZIP  TILE NOW!!! TERR FT LAUDERDALE FL 33328  DIVISITY ADDRESS  CITY-SI-ZIP  TILE NOW!!! TERR FT LAUDERDALE FL 33328  DIVISITY ADDRESS  CITY-SI-ZIP  TILE NOW!!! TERR FT LAUDERDALE FL 33328  DIVISITY ADDRESS  CITY-SI-ZIP  TILE NOWE:  STRET ADDR		6. Name and Address of Current	Registered Agent			7. Name and Address of Ne	w Registered Ag	ent	
Street Address (P.O. Box Number is Not Acceptable)	EANTACIA	L DINA		ì	Name				
LANTANA FL 33462  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Hamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridd Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  PANTASIA, DINA  SIGNATURES  FANTASIA, DINA  SOIT SW 111 TERR  FILE NOW!!! FEE IS 3328  DPTS  FANTASIA, DINA  SOIT SW 111 TERR  FANTASIA, DINA  SOIT SW 111 TERR  FILE NOW!! FEE IS 3328  DPTS  FANTASIA, DINA  SOIT SW 111 TERR  FILE NOW!! TERR  SIRET ADDRESS  CITY-S1-2IP  Delete  MAKE  SIRET ADDRESS  CITY-S1-2IP  TILE  NAME  SIRET ADDRESS  CITY-S1-2IP  Change  Charles  C					Street Address (I	P.O. Box Number is Not Accept	able)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE									
B. 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 private reme of registered agent and tills if applicables. (MOTE Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00 Adder May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE OPTS  FANTASIA, DINA STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE NAME STREET ADDRESS  CITY-ST-2P  Change Addition  TITLE NAME STREET ADDRESS  CITY-ST-2P  Change Addition  TITLE NAME STREET ADDRESS  CITY-ST-2P  Change ADDRESS  CITY-ST-	DANTANA	rL 33402		Į					
SIGNATURE    Signature, hyper or printer name of registered agent and tille 4 applicable   (NOTE Registered Agent signature required when reinstasting)   DATE					City		FL	Zip Code	э
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  10. OFFICERS	8. The above the obligation	named entity submits this statement for	or the purpose of changing	its registered	d office or registere	ed agent, or both, in the State o	f Florida. I am far	niliar with,	and accept
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME TANABES, CITY-S1-2IP  NAME TO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME STREET ADDRESS CITY-S1-2IP  NAME STREET ADRESS CITY-S1-2IP  NAME STREET ADDRESS CITY-S1-2IP  NAME STREET ADRESS CITY-S1-2IP  NAME STREET AD		Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registered	Agent signature required	when reinstating)	DAIL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DV KARCICH, JOSEPH SO10 SW 111 TERR STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	After	May 1, 2003 Fee will be \$550.00	f State				~ ~		
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NAME NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET	T ADDRESS		[	] Change	Addition
CITY-ST-ZIP  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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ST-ZIP	07/01/11			

of the corporation or the receiver of 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.