

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

08-22-2005 90059 029 *****70.00
P04000113402

DOCUMENT # P04000113402	
1. Entity Name Cafe Gelato Incorporated	

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SECRET
TALLAHASSEE, FLORIDA

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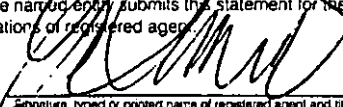
2. Principal Place of Business 1401 S. Sumter Blvd.	3. Mailing Address 1401 S. Sumter Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Port, FL	City & State North Port, FL
Zip 34287	Country USA

4. FEI Number 20-1563756	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

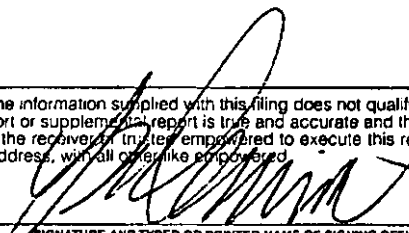
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7. Name and Address of Current Registered Agent	
Name Louis Ammirato	
Street Address (P.O. Box Number is Not Applicable) 1401 S. Sumter Blvd.	
City North Port	FL 34287

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 	DATE 8/16/05

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T. Louis Ammirato 1401 S. Sumter Blvd. North Port, FL 34287	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S Linda Ammirato 1401 S. Sumter Blvd. North Port, FL 34287	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like information.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 8/16/05 941-423-9575 Daytime Phone #

CR2E034B (12/02)