FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P04000113402

1. Entity Name: Cafe Gelato Incorporated

FILED
05 AUG 30 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

50062572

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 S. Sumter Blvd.	1401 S. Sumter Blvd.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: North Port, FL	City & State: North Port, FL
Zip: 34287 Country: USA	Zip: 34287 Country: USA

4. FEI Number: 20-1563756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Louis Ammirato

Street Address (P.O. Box Number is Not Acceptable): 1401 S. Sumter Blvd.

City: North Port FL Zip Code: 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: Louis Ammirato 8/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE: P/T NAME: Louis Ammirato STREET ADDRESS: 1401 S. Sumter Blvd. CITY-ST-ZIP: North Port, FL 34287	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP/S NAME: Linda Ammirato STREET ADDRESS: 1401 S. Sumter Blvd. CITY-ST-ZIP: North Port, FL 34287	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Louis Ammirato 8/16/05 941-4239575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #