FILED Feb 05, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P93000087863

1. Entity Name PICCOLO IMPORTS, INC.

Principal Place of Business

Mailing Address

02-05-2001 90048 048 ***150.00

FORT LAUDERDAL		FORT LAUDERDALE FL 33305 US		i		IJ a 184 8a 1884 Br ist Br ist		14V	9 3
2. Principal Place 11503 (Suite, Apt. #,	GIBRALTAR Place	3. Mailing Address 11503 GIBRALTAR PLACE Suite, Apt. #, etc.		ce		DO NOT WRI	ITE IN THIS SP	ACE	
City & State Temple Terrace, FL		City & State Temple Terrace, FL		4	I. FÉI Numb	er 52-150663		<u> </u>	olied For Applicable
33617	Country USA	^{Zip} 33617	Country US PF			of Status Desired	Ľ Ė	8.75 Addi se Required	
	6. Name and Address of Current Re	egistered Agent				Address of New			<u>-</u> -
PICCOLO, JOSEPH S 1636 NE 20TH ST FORT LAUDERDALE FL 33305				Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Fig. 3 GIBRALTAR PLACE					
SIGNATURE	amed entity submits this statement for t		gistered office o	r registered	agent, or bo	RACE, th, in the State of F	FL lorida.	Zip Code	17
	grizitire, typed of printed frame of registered agent and	T (100 ii oppiioabio			 				
	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			Tr	ection Campaign Flust Fund Contributi	on.	Ádded	May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS	/CHANGES TO OF			
NAME STREET ADDRESS	PTD PICCOLO, JOSEPH S 1636 NE 20 ST FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	PTD PICC 1150 Ten	olo, 3 3 Gil	Toseph S. BRALTAR ERRACE, 1	Place	© Change 2 617_	☐ Addition
TITLE NAME STREET ADDRESS	vsd Piccolo, norma w 1636 ne 20 st Ftlauderdale fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD' Picc 1150 Tem	oho, i 3 Gi	rrrace, P Norma l BRALTA Errace,	N. R. Place	☑ Change . ← 3-3617	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		*		***	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	with that the information cumplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			VA Florida C		Change	Addition

I nereby certify that the information supplied with this falling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. That is received 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 eath; 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 FeBol Date