

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90159 025 \*\*\*158.75

MS27000 AV

**DOCUMENT # P94000007244**

**1. Entity Name**  
**PASTA DEL GIORNO, INC.**

**Principal Place of Business**  
 2085 SIESTA R  
 SARASOTA FL 34239  
 US

**Mailing Address**  
 PO BOX 2620  
 SARASOTA FL 34230  
 US

**B0049126**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 PO BOX 5219  
 Suite, Apt. #, etc.

**City & State**  
 SARASOTA FL

**Zip**  
 34239

**Country**

**4. FEI Number**  
 65-0468720

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 LAZZARI, RENATO  
 921 APRICOT AVE  
 SARASOTA FL 34237

**7. Name and Address of New Registered Agent**  
 Name: LAZZARI MAX  
 Street Address (P.O. Box Number is Not Acceptable):  
 2124 SUNNYSIDE LANE  
 City: SARASOTA FL Zip Code: 34239

**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.**

**SIGNATURE** LAZZARI, MAX T *[Signature]* **3/11/2002**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PS	LAZZARI, RENATO	921 APRICOT AVE	SARASOTA FL 34237	
T	LAZZARI, MAX	921 APRICOT AVE	SARASOTA FL 34237	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** LAZZARI, MAX T *[Signature]* **3/11/2002** **(941) 587-7628**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)