## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P94000018160 1. Entity Name FLAMINIA'S FAMOUS ITALIAN KITCHEN, INC. 03-13-2001 90088 045 \*\*\*150.00 Principal Place of Business Mailing Address 3210 S. ATLANTIC AVE. 3210 S. ATLANTIC AVE. COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3229182 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAND, JULIUS Street Address (P.O. Box Number is Not Acceptable) **80 QUEENSLAND AVE** MERRITT ISLAND FL 32953 Zio Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Change ☐ Delete TITLE **BRAND, JULIUS** NAME NAME **80 QUEENSLAND AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MERRITT ISLAND FL 32953 ☐ Addition Change ☐ Delete TITLE BRAND, TONYA NAME NAME STREET ADDRESS STREET ADDRESS **80 QUEENSLAND AVE** CITY-ST-7IP CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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13. I hereby certify that the information supplied with this filling 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:

JULIUS BLAND (Passidon) 3/701 (321) 453-0459

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