2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P94000026179 PASTA FAT, INC. 05-16-2001 90224 019 ***150.00 Principal Place of Business Mailing Address 2701 COLLINS AVE. 2701 COLLINS AVE. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 65-0481266 City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POZZOLI, HUGO Street Address (P.O. Box Number is Not Acceptable) 2701 COLLINS AVE. MIAMI BEACH FL 33149 Zip Code City FI 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 Fiorida. 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 TITI F Change TITLE ☐ Delete PORCEL, JORGE NAME NAME 151 CRANDON BLVD., APT. 431 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33133** CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE POZZOLI, HUGO NAME NAME 2547 S.W. 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135** Change Addition TITLE ' Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME 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-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED