

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jul 21, 2006 8:00 am
Secretary of State**

07-21-2006 90029 026 ***150.00

DOCUMENT # 994000089131	
1. Entity Name	
AMICI'S TRATTORIA INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10201 HAMMOCKS BLV Suite, Apt. #, etc. 140		3. Mailing Address SAME Suite, Apt. #, etc. SAME	
City & State MIAMI, FL		City & State SAME	
Zip 33196-3783	Country USA	Zip SAME	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0539793	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ENRIQUE APICELLA
Street Address (P.O. Box Number is Not Acceptable)
10201 HAMMOCKS BLVD SUITE 140
City MIAMI **FL** **Zip Code** 33196

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

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ENRIQUE APICELLA 10201 HAMMOCKS BLVD STE # 140 MIAMI FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREASURER JANET APICELLA 10201 HAMMOCKS BLVD # 140 MIAMI FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **ENRIQUE APICELLA** **7/17/2006** **305-388-3787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40100475
P94000089131

Miami, July 17th, 2006

Division of Corporations
P.O.Box 6327
Tallahassee Fl, 32314

Gentlemen:

The enclose notice have been received 4 days ago at my business address and probably the first notice was left into somebody mail box by mistake.

I am enclosing the UBR form duly sign with my check for \$150.00 with the request that the Division of Corp accept the check due to the fact that this corp is a very small concern and to pay for an reinstatement will cause a great hole in their finances.

Thanking the Division for their understanding I remain,
Yours Truly

Amici's Trattoria Inc

Robert BBA
Accountant