2001 UNIFORM BUSINESS REPORT (UBR)

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OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P95000072819 1. Entity Name BRAVA MARIA, INC. 01-31-2001 90293 024 ***150.00 Mailing Address Principal Place of Business 445 5TH AVENUE SOUTH 445 5TH AVENUE SOUTH NAPLES FL 34102 NAPLES FL 34102 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 65-0605487 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FURETTA, MARIA D Street Address (P.O. Box Number is Not Acceptable) 445 5TH AVENUE SOUTH NAPLES FL 34102 Zip Code City FL 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 applic (NOTE: Registered Agent signature required w 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 DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RECTORS 11. OFFICERS AND D 12. ☐ Addition ☐ Change Detete TITLE **FURETTA, MARIA** NAME NAME STREET ADDRESS STREET ADDRESS 445 5TH AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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 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 release empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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