2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030519

1. Entity Name

GASTRONOMIA LAND CO., INC.



FILED Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90099 023 ***150.00

	C/O	CUOCO MATTO						
Principal Place of Business 1603 N TAMIAMI TRAIL SARASOTA FL 34236 US Mailing Address C/O CUOCO MATTO 1603 N TAMIAMI TRAIL SARASOTA FL 34236 US							**************************************	
2. Principal Place of Business 3. Mailing Address								1101 4 1011 1401
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES		
ity & State City & State			4.			FEI Number 65-0669485		pplied For lot Applicable
Country Zip			Count	Country 5.		Certificate of Status Desired	\$8.75 Ad	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
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BROWNING, ROBERT W 1800 SECOND ST				Street Address (P.O. Box Number is Not Acceptable)				
ق								
SARASOTA FL 34236				City	FL Zip Code			
submits this statement fo red agent.	r the purp	ose of changing its	registere	ed office or regis	stered ag	ent, or both, in the State of Florida. I am	familiar with,	and accept
printed name of registered agent	and title if app	licable. (NOTE	: Registered	Agent signature requ	uired when re	einstating) DATE		·
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution. [00 May Be
OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
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		☐ Delete		T ADDRESS			Change	Addition
	14.	□ Delete	•	1			Change	Addition
***		☐ Delete	TITLE			3 th A	☐ Change	☐ Addition
	Country and Address of Current W submits this statement for agent age	Suit City Country Zip and Address of Current Registers W Submits this statement for the purpored agent. r printed name of registered agent and title if app FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTO IOSEPH DF THE ARTS FL 34236 ELIZABETH A. VARD OF THE ARTS	Suite, Apt. #, etc. City & State Country Zip and Address of Current Registered Agent W Submits this statement for the purpose of changing its red agent. red agent. repinted name of registered agent and title if applicable. (NOTE FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS Delete LIZABETH A. VARD OF THE ARTS FL 34236 Delete Delete Delete	Suite, Apt. #, etc. City & State Country Zip Country Zip Country Address of Current Registered Agent W Submits this statement for the purpose of changing its registered agent. FEE IS \$150.00 FEE IS \$150.00 FIORITHE ARTS FL 34236 Delete LIZABETH A. VARD OF THE ARTS FL 34236 Delete TITLE NAME STREE CITY- Delete	Suite, Apt. #, etc. City & State Country Zip Country and Address of Current Registered Agent Name* Street Address Suite, Apt. #, etc. City & State Country Address of Current Registered Agent Name* Street Address City Submits this statement for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent signature registered agent and title if applicable. FEE IS \$150.00 Formits name of registered agent and title if applicable. FEE IS \$150.00 Formits have agent agent and title if applicable. FEE IS \$150.00 Formits have agent agent and title if applicable. FEE IS \$150.00 Formits have agent	Suite, Apt. #, etc. City & State Country Zip Country 5. and Address of Current Registered Agent City Street Address (P.O. E City Submits this statement for the purpose of changing its registered office or registered agent. Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when note that the state of the purpose of changing its registered Agent signature required when note that the state of the purpose of changing its registered Agent signature required when note that the state of the purpose of changing its registered Agent signature required when note that the state of the purpose of changing its registered Agent signature required when note that the state of the purpose of changing its registered Agent signature required when note that the state of the purpose of changing its registered Agent signature required when note that the purpose of changing its registered Agent signature required when note that the purpose of changing its registered Agent signature required when note that the purpose of changing its registered Agent signature required when note that the purpose of changing its registered office or registered agent signature required when note that the purpose of changing its registered office or registered agent signature required when note that the purpose of changing its registered office or registered agent signature required when note that the purpose of changing its registered office or registered agent signature required when note that the purpose of changing its registered office or registered agent signature required when note that the purpose of changing its registered office or registered agent signature required when note that the purpose of changing its registered office or registered agent signature required agent signature requi	Suite, Apt. 47, etc. CHECK HERE IF MAKING City & State 4. FEI Number 65-0689485 Country Zip Country 5. Certificate of Status Desired and Address of Current Registered Agent 7. Name and Address of New Registered Name Name Name Name Name Not Acceptable City FL Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am need agent. Purpose of changing its registered office or registered agent, or both, in the State of Florida. I am need agent. Purpose of changing its registered agent agent when retriating Date PEE IS \$150.00 9. Election Campaign Financing Trust Fund Condition PEE IS \$150.00 9. Election Campaign Financing Trust Fund Condition OSEPH	Suite. Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite. Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite. Apt. #, etc. CHECK HERE IF MAKING CHANGES COuntry Zip Country S. Cartificate of Status Desired \$8.75 Ac Foo Requirement and Address of Current Registered Agent Name and Address of New Registered Agen

GNATURE:

The tributation supplies 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE:

Daytime Phone #