2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090766

1. Entity Name

LA MIA FOCACCIA INC.

FILED
01 JUN -6 AM 11:34
SECRETARY OF STATE
TALLA[redacted]FLORIDA

[redacted]

Principal Place of Business	Mailing Address
6303 N. Powerline RD BAY 11 FT. LAUDERDALE, FL 33309 - US	

DO NOT WRITE IN THIS SPACE
05/13/99 900021 036 150

2. Principal Place of Business	3. Mailing Address
6303 N. Powerline RD	6303 N. Powerline RD.
Suite, Apt. #, etc.: BAY 11	Suite, Apt. #, etc.: Bay 11
City & State: FT. LAUDERDALE, FLA	City & State: FT. LAUDERDALE, FLA
Zip: 33309 Country: US	Zip: 33309 Country: US

4. FEI Number: 65-0719928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOROTA ALAN 290 NW 165TH ST. PENTHOUSE 4-CITI CENTRE MIAMI, FL 33169 - US	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: SOROTA ALAN (ATTORNEY)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CIARA M. TROCCHIA 6303 N. POWERLINE RD FT. LAUDERDALE, FL 33309 US	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004458124--3 -07/03/01--01058--013 ****308.75 ****308.75
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CR2E034 (11/00)

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.

SIGNATURE: PRESIDENT CIARA M. TROCCHIA president 05/11/01 (954)772-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #