

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90378 027 ***150.00

DOCUMENT # P96000098465

1. Entity Name
CAFE AMICI OF SARASOTA, INC.



Principal Place of Business
**5802 LONGWOOD RUN BLVD
SARASOTA FL 34234
US**

Mailing Address
**4113 74TH AVE
SARASOTA FL 34243
US**

2. Principal Place of Business

3. Mailing Address

7424 39th Ct E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA - FL

Zip

Country

Zip

Country

34243

4. FEI Number **65-0726647**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIGRI, ACHILLE
4113 74TH AVE
SARASOTA FL 34243**

Name

Street Address (P.O. Box Number is Not Acceptable)

7424 39th Ct E

City

SARASOTA

FL

Zip Code

34243

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 remstating)

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NIGRI, ACHILLE
4113 74TH AVE E
SARASOTA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Nigri, Achille
7424-39th Ct E
SARASOTA FL 34243** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
NIGRI, MASSIMILLIANE
4113 74TH AVE E.
SARASOTA FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP NIGRI MASSIMILIANO
7424 39th Ct E
SARASOTA FL 34243** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

SACHMILTONI, REOLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 941 951 6896

Date

Daytime Phone #

0564598 AV