PROFIT CORPORATION ANNUAL REPORT-

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90026 001 ***150.00

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THE CONTRACTOR OF THE CONTRACT

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DOCUMENT # P9	8000050174		Ì
NOTA BRICKS AND TILES	ITALIAN STYLE, INC.		
MOTA BINORS AND TILLO	MALIAN OTTEL, INO.		I APPORTO AND INITERACTION CONTROL DE LA CONTROL CONTROL CONTROL CONTROL AND
Principal Place of Business	Mailing Address		+ 102.(100) IIA Ibibt verti Chitt eftit offitt offitt offitt offitt offitt offitt offitt offitt offitt
1009 BAY PINE BLVD	1009 BAY PINE BLVD		
INDIAN ROCKS BEACH FL 33785	INDIAN ROCKS BEACH FL 3	3785	DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed
			06/04/1998
2. Principal Place of Business	2a, Mailing Address		4. FELNimber A CO (Applied For
21	26		39-3324290 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	27 -	-4.5°	Tee required
City & State .	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	28 Zlp	Country	8. This corporation owes the current year intangible
24 25		30	Personal Property Tax.
	s of Current Registered Agent	I	10. Name and Address of New Registered Agent
		81 Name	age Parla North
CT CORPORATION SYSTE		82 Street A	ddre sa IP.O. Box Number is Not Acceptable
1200 SOUTH PINE ISLAND	RD	1	NOG BAY PINE BLVD
PLANTATION FL 33324		83	
		84 CUSE A	A TAR A STO Code
			VAN KUCKS BEHCH FL 23785
11. Pursuant to the provisions of Section office or registered agent, or both, i	ons 607,0502 and 607,1508, Florida Statutes in the State of Florida, Suchschange was au	s, the above-named c thorized by the corpor	opporation submits this statement for the purpose of charging its registered ration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and action	of the obligations of Section 607.0505, Flori	da Statutes	· 11 +-
SIGNATURE PRES. ///	18 100 1000 SEC [] I repussioned agent and title if replicable. (NOTE: I	REA GIVE	CHATE DATE
Signature, typed or printed riarrie o	FICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1.1 TITLE	Addico
NAME .		1.2 NAME	GIAN PAOLO NOTA
STREET ACDRESS		1.3 STREET ADDRESS	1009 BAY PINE BLUD TO 2240
CITY-ST-ZP		1.4 CTY-ST-ZIP	TAID AND ADDRESS BEAUTIFICATION Addition
TITLE	DELETE	2.1 TITLE	SEC/TREA
NAME		22 NAME	GIULIA NOTA, ALVI
STREET ACORESS		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1009 BAY PROUG ATACH IN 22785
TITLE	□ DELETE	3.1 TITLE	Change Addition
NAME	— • • • • • • • • • • • • • • • • • • •	3.2 NAME	
STREET ACDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	·	3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addido
NAME		4.2 NAME	
STREET ALORESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CMY-ST-ZIP	Change Addirion
TILE	☐ DELETE	5.1 TITLE 52NAME	Livsango Ej nadisu
NAME		5.3 STREET ADDRESS	•
STREET ADDRESS		5.4 CITY-ST-ZIP	
C/TY-ST-ZI>	□ pelete	61 TITLE	☐ Change ☐ Addition
TITLE NAME	_ , , , , , ,	6.2 NAME	_ • -
STREET ADDRESS	•	63 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
4 A 1 L	and the desired with this files does not sunlike for		In Section 119.07(3Vi) Florida Statutes, I further certify that the information

Interest certify that the information supplied with this filling does not quality for the exemption susted in Section 113.07(3)(i). Profital statutes. Interfer certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shell 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 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachoosit with an address, with all other like empowered.