

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90040 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000061951

1. Entity Name
LASAGNA HOUSE, CORP.



Principal Place of Business
6606 SW 114 AVE
MIAMI, FL 33173

Mailing Address
6606 SW 114 AVE
MIAMI, FL 33173

2. Principal Place of Business
5235 SW 117th Ave
Suite, Apt. #, etc.

3. Mailing Address
5235 SW 117th Ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0986880

Applied For
☐ Not Applicable

Zip
33175

Country
US

Zip
33175

Country
U.S.

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

6. Name and Address of Current Registered Agent

PAPANDREA, VALERIA
6606 SW 114 AVE
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name
VALERIA PAPANDREA

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

5235 SW 117th Ave.

City
MIAMI

FL

Zip Code
33175

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

FORTUNATO PAPANDREA, VP.

4/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
P.D. ☐ Delete
NAME
PAPANDREA, VALERIA
STREET ADDRESS
6606 SW 114 AVE
CITY-ST-ZIP
MIAMI, FL 33173

TITLE
VPD ☐ Delete
NAME
PAPANDREA, FORTUNATO
STREET ADDRESS
6606 SW 114 AVE
CITY-ST-ZIP
MIAMI, FL 33173

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

FORTUNATO PAPANDREA

4/30/03

305-598-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (10/02)