2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066796

1. Entity Name

MUZZI, INC.

09-16-2002 90091 039 ***550.00
P98000066796

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
22 WHISTLING DUCK DR KEY WEST FL 33040	22 WHISTLING DUCK DR KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
925 Truman Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State *Key West Fl*	City & State
Zip *33040* Country *USA*	Zip Country

4. FEI Number **65-0884099** | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCARAMUZZI, LOUIS
22 WHISTLING DUCK DR
KEY WEST FL 33040

7. Name and Address of New Registered Agent

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. 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 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 $550.00
After September 13, 2002 Fee will be $750.00
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 D **NAME** SCARAMUZZI, LOUIS **STREET ADDRESS** 22 WHISTLING DUCK DR **CITY-ST-ZIP** KEY WEST FL 33040		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change	☐ Addition
TITLE V **NAME** *Scaramuzzi, Cristina* **STREET ADDRESS** *22 whistling Duck Ln* **CITY-ST-ZIP** *Key West, Fl 33040*		☐ 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
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CR2E034 (4/02)

3. 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #