

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000094699**

1. Entity Name

**IL GELATO NO.2, INC.****FILED****Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90024 043 \*\*\*150.00

Principal Place of Business

**5100 N 9TH AVE  
PENSACOLA FL 32504-8735  
US**

Mailing Address

**236 MIRACLE STRIP PARKWAY SE  
FT. WALTON BEACH FL 32548  
US****C0040208**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**Shops at Sunset P1.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5701 Sunset Drive Suite A-2**

City &amp; State

City &amp; State

**S. Miami, FL 33143**

Zip

Country

**US**

Zip

Country

4. FEI Number **59-3564563**

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

**FLEET, H.BART  
1201 EGLIN PARKWAY  
SHALIMAR FL 32579**

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

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  
**D  
TREMOLINI, GUIDO  
236 MIRACLE STRIP PARKWAY  
FT. WALTON BEACH FL 32548** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
FARONI, SIMONA  
236 MIRACLE STRIP PARKWAY  
FT. WALTON BEACH FL 32548** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: *Simona Faroni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/01

Date

850-243-5455

Daytime Phone #

CR2E034 (10/00)

0036662