## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 9021 1. Entity Name
TUTTO MATTO PIZZA, INC



## FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90133 028 \*\*\*150.00

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2. Principal P	Place of Business O/ 5. TAMIAMI TR	3. Mailing Address 2/30/ 5.	TAMIAMI	TRAIL	•						
Suite, Apt.		Suite, Apt, #, etc. # 400		.	DO NOT WRITE IN THIS SPACE						
City & Stat	STERO, PL	City & State	, PL.	4. FEI Number	5-0705233	Applied For Not Applicable					
Zip 33	3928 Lee	Zip 33928	Country Lee	5. Certificate	of Status Desired	<b>\$8.75</b> Additional Fee Required					
	The control of the co			7. Name and A	ddress of Current Register	red Agent					
			Name Olnes JARAMILLA								
	DO NOT W	KULE	_Street Address (P.O. Box Number is Not Acceptable)								
	IN THIS SI	DACE	2/523 Belhaven way								
			City	FITORO	F	Zip Code					
8 The above	named entity submits this statement f	or the purpose of changing its re	egistered office or re	egistered agent, or hol		<u> </u>					
	tions of registered agent.	at the perpendicular and gray to h	gotorea emee em	ograna, od zgorin, or sor	THE THE STATE OF T	ranimal with and aboopt					
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable (NOTE:	Registered Agent signature	required when reinstating)	DATE						
Jai	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		, and the second	<b>9.</b> Ele	ction Campaign Financing	\$5.00 May Be					
Make Check	Payable to Florida Department o	f State			and dominounds.	Added to rees					
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12. I nereby o	ertify that the information supplied with	n this tiling does not quality for the	ne exemption stated	a in Section 119.07(3)(i	), Horida Statutes: I further o	ertify that the information					

2. 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 on an attachment with an address, with fill other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)