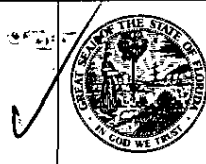


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

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

DOCUMENT # **P99000009021**  
1. Entity Name  
**TUTTO MATTO PIZZA, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**21301 S. TAMiami TRAIL**

3. Mailing Address  
**21301 S. TAMiami TRAIL**

Suite, Apt. #, etc.  
**#400**

Suite, Apt. #, etc.  
**#400**

City & State  
**ESTERO, FL**

City & State  
**ESTERO, FL**

4. FEI Number  
**65-0705233**

Applied For  
Not Applicable

Zip  
**33928**

Country  
**Lee**

Zip  
**33928**

Country  
**Lee**

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Olmes JARAMILLO**

Street Address (P.O. Box Number is Not Acceptable)  
**21523 BELHAVEN WAY**

City  
**ESTERO**

**FL**

Zip Code  
**33928**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
Olmes JARAMILLO  
21301 S. TAMiami TR. #400  
ESTERO, FL. 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V P  
NARCISA JARAMILLO  
21301 S. TAMiami TR. #400  
ESTERO, FL. 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DANIEL JARAMILLO  
21301 S. TAMiami TR. #400  
ESTERO, FL. 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Olmes Jaramillo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03**

Date

Daytime Phone #

CR2E034B (12/02)