

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90231 034 ***150.00

05/27/03 AV

DOCUMENT # P99000030510

1. Entity Name

DOLCE VITA RESTAURANT, INC.



Principal Place of Business

**1244 PERIWINKLE WAY
SANIBEL ISLAND FL 33957**

Mailing Address

**P.O. BOX 716
SANIBEL ISLAND FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0909090

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

ARMENIA, JOHN

695 TARPON BAY ROAD

SUITE 7

SANIBEL ISLAND FL 33957

Name

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

2430 PERIWINKLE WAY

SUITE B

City

SANIBEL ISLAND

FL

Zip Code
33957

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **ARMANIA, JOHN**
STREET ADDRESS **695 TARPON BAY ROAD #7**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **PD** ☐ Change ☒ Addition
NAME **ARMANIA, JOHN**
STREET ADDRESS **2430 PERIWINKLE WAY, SUITE B**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **VSD** ☒ Delete
NAME **MUCCIGA, ANDREA**
STREET ADDRESS **695 TARPON BAY ROAD #7**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **VSD** ☐ Change ☒ Addition
NAME **MUCCIGA, ANDREA**
STREET ADDRESS **2430 PERIWINKLE WAY, SUITE B**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Signature of John Armenia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ARMENIA, PRESIDENT 4-10-2003 239-395-9300

Date

Daytime Phone #

CR2E034 (10/02)