

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90104 025 ***150.00

DOCUMENT # P99000041014

1. Entity Name

ITALIAN FOOD CULTURE, INC.

Principal Place of Business

777 BRICKELL AVENUE SUITE 500
MIAMI FL 33131

Mailing Address

777 BRICKELL AVENUE SUITE 500
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

2699 COLLINS AVE**2699 COLLINS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#141**#141**City & State
MIAMI BEACH FLCity & State
MIAMI BEACH FL

Zip

Country

Zip

Country

33140**DADE****33140****DADE**4. FEI Number **65-0921075**

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

CARNIATO, STEFANO
2699 COLLINS AVE STE 141
MIAMI FL 33140

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 State10. 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	Change	Addition
	D			<input type="checkbox"/>	<input type="checkbox"/>
	CARNIATO, STEFANO	777 BRICKELL AVENUE SUITE 500	MIAMI FL 33131		
	D			<input type="checkbox"/>	<input type="checkbox"/>
	CARNIATO, FIORAVANTE	777 BRICKELL AVENUE SUITE 500	MIAMI FL 33131		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)