

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000043784**

1. Entity Name

ITALIAN CONCEPT, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90010 049 ***150.00

0145787

Principal Place of Business

**755 NW 72ND AVE
PLZA 6
MIAMI FL 33126**

Mailing Address

**755 NW 72ND AVE
PLZA 6
MIAMI FL 33126**

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 **65-0930110**

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

**SCHIRALDI, PAOLO
1770 SWEETBAY WAY
HOLLYWOOD FL 33019**

Name

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

1111 1327

City

MIAMI

FL

Zip Code

33019

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 **PAOLO SCHIRALDI**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent

Required when reinstating)

DATE

05-08-01

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	D	<input type="checkbox"/> Delete
NAME	SCHIRALDI, PAOLO	
STREET ADDRESS	1770 SWEETBAY WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Paolo Schiraldi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/01 305-260-9767

Daytime Phone #

CR2E034 (10/00)