

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 033 ***158.75

DOCUMENT # P99000047166

1. Entity Name

NOTTURNO, INC.

DO NOT WRITE IN THIS SPACE

425319

2. Principal Place of Business

5395 Lyons Road

Suite, Apt. #, etc.

COCONUT CREEK, FL

City & State

33073

Broward

Zip

Country

3. Mailing Address

3919 N.W. 57th Street

Suite, Apt. #, etc.

COCONUT CREEK, FL

City & State

33073

Broward

Zip

Country

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4. FEI Number

65-0933007

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael I. Pugliese, Esq.

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

3384 CABARET Lane

City

MARGATE

FL

Zip Code

33063

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IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

President
Louis Pugliese
3919 N.W. 57th Street
COCONUT CREEK, FL 33073

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President
Frances Pugliese
3919 N.W. 57th Street
COCONUT CREEK, FL 33073

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

Secretary
ROSANNA RIGNO
3919 N.W. 57th Street
COCONUT CREEK, FL 33073

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

Louis Pugliese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

Date

954
596 1517

Daytime Phone #

CR2E034B (12/01)