

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90024 015 \*\*\*150.00

**DOCUMENT #** ~~P9900006077~~ ✓ **P99000060077**

1. Entity Name  
Pasta Concepts, Inc.

Principal Place of Business  
2199 SE Erwin Road

Mailing Address  
Port St. Lucie, FL  
34952-5538

2. Principal Place of Business  
1603 NE Jensen Beach Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
2199 SE Erwin Road  
Suite, Apt. #, etc.

City & State  
Jensen Beach, FL

City & State  
Port St. Lucie, FL

Zip  
34957

Country

Zip  
34952-5538

Country

4. FEI Number  
65-0931533

Applied For  
☐ Additional  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**00059436**

6. Name and Address of Current Registered Agent

Settipani, Steven  
3171 Holiday Springs Blvd.  
Margate, FL 33063

7. Name and Address of New Registered Agent

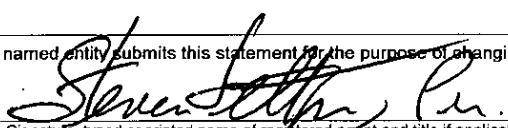
Name

Street Address (P.O. Box Number is Not Acceptable)  
2199 SE Erwin Road

City  
Port St. Lucie, FL

FL Zip Code  
34952-5538

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  5/23/2000  
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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00  
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

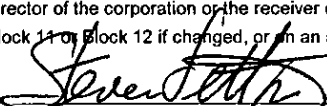
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Steven Settipani 3171 Holiday Springs Blvd. Margate, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Pres. Danna Pace 3171 Holiday Springs Blvd. Margate, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2199 SE Erwin Road Port St. Lucie, FL 34952-5538	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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

SIGNATURE:  Steven Settipani, President 5/23/2000 (561) 334-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #