

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91464 015 ***150.00

DOCUMENT # P99000060077

1. Entity Name
PASTA CONCEPTS, INC.

Principal Place of Business
1603 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957

Mailing Address
2199 SE ERWIN RD.
PORT ST. LUCIE FL 34952

2. Principal Place of Business
1603 N.E. JENSEN BCH BLVD

3. Mailing Address
2861 S.E. WILTSHIRE TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JENSEN BCH FL

City & State
PORT ST. LUCIE FL.

4. FEI Number
65-0931533

Applied For
☐ Not Applicable

Zip
34957

Country
U.S.A.

Zip
34952

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

SETTIPANI, STEVEN
2199 SE ERWIN ROAD
PORT SAINT LUCIE FL 34952-5538

7. Name and Address of New Registered Agent

Name
STEVEN SETTIPANI
 Street Address (P.O. Box Number is Not Acceptable)
2861 S.E. WILTSHIRE TERRACE
 City
PORT ST. LUCIE FL Zip Code
34952

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 **Steven Settiani** **STEVEN SETTIPANI**

DATE
4/16/02

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, 2002 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

TITLE P	<input type="checkbox"/> Delete
NAME SETTIPANI, STEVEN	
STREET ADDRESS 2199 SE ERWIN ROAD	
CITY-ST-ZIP PORT SAINT LUCIE FL 34952-5538	
TITLE VP	<input type="checkbox"/> Delete
NAME PACE, DANNA	
STREET ADDRESS 2199 SE ERWIN ROAD	
CITY-ST-ZIP PORT SAINT LUCIE FL 34952-5538	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **Steven Settiani** **STEVEN SETTIPANI**

DATE
4/16/02

Daytime Phone #
561-334-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/01)