

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0176203

DOCUMENT # P99000086411

1. Entity Name

2 PUMPKINS, INC.

05-18-2001 90016 043 ***150.00

Principal Place of Business

**5300 NW 37 AVE
 MIAMI FL 33142**

Mailing Address

**5300 NW 37 AVE
 MIAMI FL 33142**

2. Principal Place of Business

5822-24 SUNSET DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SO. MIAMI FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FRATI, MARIO
 5300 NW 37 AVE
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name **STACY FRATI**

Street Address (P.O. Box Number is Not Acceptable)
5300 NW 37 AVENUE

City **MIAMI**

FL

Zip Code

33142

8. The above named entity admits 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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **FRATI, MARIO**
 STREET ADDRESS **5300 NW 37 AVE**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **STACY FRATI**
 CITY-ST-ZIP **5300 NW 37 AVENUE
 MIAMI FL 33142**

TITLE ☐ Change ☒ Addition
 NAME **VCEPRESIDENT**
 STREET ADDRESS **MONICA GIACHINO**
 CITY-ST-ZIP **5300 NW 37 AVENUE
 MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO FRATI

Date

4/27/01

Daytime Phone #

(305) 634-0700

CR2E034 (10/00)