

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089740

1. Entity Name
PRIMA CUCINA, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90049 028 ***150.00

00035823



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1399 S. UNIVERSITY DR.
PLANTATION FL 33324**

Mailing Address
**1399 S. UNIVERSITY DR.
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0952066**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PETERSON, MICHAEL P ESQ.
SALAS, EDE, PETERSON & LAGE, L.L.C., 6361 SUN
SET DRIVE
SOUTH MIAMI FL 33143**

Name

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

City

FL

Zip Code

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)

**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** ☐ Delete
NAME **FERRARI, ALFREDO**
STREET ADDRESS **16323 SEGOVIA CIRCLE SOUTH**
CITY-ST-ZIP **FT. LAUDERDALE FL 33331**

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

TITLE **D** ☐ Delete
NAME **FERRARI, MARIA**
STREET ADDRESS **16323 SEGOVIA CIRCLE SOUTH**
CITY-ST-ZIP **FT. LAUDERDALE FL 33331**

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

TITLE **D** ☒ Delete
NAME **FERRANTE, VICENZA**
STREET ADDRESS **16200 ONEIDA PLACE**
CITY-ST-ZIP **DANIA FL 33331**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

4/10/01

Date

954-473-9788

Daytime Phone #

CR2E034 (10/00)