## 2002 UNIFORM BUSINESS REPORT (UBR) P99000096475 **DOCUMENT #** 1. Entity Name PRESTO ITALIAN RESTAURANT, INC. Principal Place of Business Mailing Address 7921 SW 40TH ST 7921 SW 40TH ST SUITE 52 SUITE 52 MIAMI FL 33155 MIAMI FL 33155

## FILED May 08, 2002 8:00 am Secretary of State 05-08-2002 90101 029 \*\*\*150.00



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City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  T. Name and Address of New Registative Agent  Name  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  Stroed Address of P.O. Box Number is Not Acceptable)  DATE  DESTROADED  DESTROADED  STROED ACCEPTABLE AND INSECTIONS  OPTICE ACCEPTABLE AND INSECTIONS  OPTICE ACCEPTABLE AND INSECTIONS  OPTICE ACCEPTABLE AND	2. Principal P	lace of Busin	ness	3. Mailing Address					OUNI OUIT IO		[]    <b>     </b>		
Zip Country Zip Country S. Certificate of Status Desired S. Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 8	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Zip Country Zip Country S. Certificate of Status Desired Agent Status Desired Agent Status Desired Status Desir	City & Stat	e	City & State				FEI Number <b>65-0959802</b>						
BLANCO, LUIS 3802 SW 79TH AVE \$\frac{1}{2}118\$ MIAMI FL 33155  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fichida.  \$\frac{1}{2}\text{SigNaTURE} \frac{1}{2}\text{SigNata} \text{byed to potential owner of registered agent and tiber in applicable.} \frac{1}{2}\text{PCTE Registered Agent ognised required when removaling)} \frac{1}{2}\text{DATE} \frac{1}{2}\t	Zip		Country	Zip Coun		ry	5.	Certificate of Status Desired	ertificate of Status Desired				
BLANCO, LUIS 1 3002 SW 79TH AVE #118 MIAMI FL 33155  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, types or prince name direction of sequenced agent and time if application. (NOTE: Registered Agent spritature inquired when renotating)  PATE  9. This corporation is eligible to satisfy its Intangible Tax Mingr equirement and elects to do so After May 1, 2002 Fee will be \$550.00 and the Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 1  TITLE NAME SIRET ADDRESS OITY-ST-2P  TITLE  D MASTROIANNI, PASCUAL URBANIZACION LAGOMAR BEACH AVE 155 #18-55 OITY-ST-2P  TITLE  D MARACAIBO, VENEZUELA  D BLANCO, LUIS BLANCO, LUIS BLANCO, LUIS BLANCO, LUIS SIRET ADDRESS OITY-ST-2P  TITLE D Detele  TITLE D Detele TITLE D Detele TITLE NAME SIRET ADDRESS OITY-ST-2P  TITLE OITH OFFICERS AND ADDRESS OITY-ST-2P  TITLE OITH	2	6. Name	and Address of Current F	Registered Agent			7.	Name and Address of New Rec			-		
### Street Address (P.O. Box Number is Not Acceptable)  ### MIAMI FL 33155  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  ### Signature, spead or printed name of registered agent and like if applicable. (NOTE Registered Agent sorpasse required whom reviolating)  ### PL Zip Code  ### Signature, spead or printed name of registered agent and like if applicable. (NOTE Registered Agent sorpasse required whom reviolating)  ### PL Zip Code  ### Signature, spead or printed name of registered agent, or both, in the State of Florida.  ### Signature, spead or printed name of registered agent, or both, in the State of Florida.  ### Signature, spead or printed name of registered agent, or both, in the State of Florida.  ### Signature, spead or printed name of registered agent, or both, in the State of Florida.  ### Signature, spead or printed name of registered agent, or both, in the State of Florida.  ### DATE													
3802 SW 79TH AVE #118 MIAMI FL 33155  City FL Zip Code  City FL Zi	BLANCO, LUIS 5					2							
#118 MIAMI FL 33155  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.    Signature   Signatur	3802 SW	·					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33155  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.    Signular   Sig			-		Ī								
B. 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  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT MAKE Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME  STREET ADDRESS  OITY-51-2P  TITLE  D MASTROIANNI, PASCUAL  URBANIZACION LAGOMAR BEACH AVE 155 \$18-55  STREET ADDRESS  CITY-51-2P  TITLE  D BLANCO, LUIS  SAGO WAY BE Addition  MARACAIBO, VENEZUELA  IT LE  MAME  STREET ADDRESS  CITY-51-2P  TITLE  MAME  STREET ADDRESS								City Zip Code					
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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	13. Thereby o	ertify that the	information supplied with t	his filing does not qualify fo	for the exem	ntion stated	in Section	119 07/3\(i) Florida Statutos Lfi	rther certifi	that the	information		

changed, or on an attachment with an address, with all other like

SIGNATURE:

SIGNATURE AND TYPED