

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105551

1. Entity Name

PASTA PAESANOS, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90078 031 ***150.00

Principal Place of Business

Mailing Address

2116 NOVA VILLAGE DRIVE
DAVIE FL 33317

2116 NOVA VILLAGE DRIVE
DAVIE FL 33317

2. Principal Place of Business

9069 TAFT ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASANTA, MARY

2116 NOVA VILLAGE DRIVE
DAVIE FL 33317

7. Name and Address of New Registered Agent

Name

MARY BASANTA

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

2116 NOVA VILLAGE DR

City

DAVIE FL

FL

Zip Code

33317

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, 2000 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	<input type="checkbox"/> Delete
NAME	BASANTA, MARY	
STREET ADDRESS	2116 NOVA VILLAGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	DION, MICHAEL	
STREET ADDRESS	11506 S.W. 109TH RD., UNIT W	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTLEMAN, NANCY	
STREET ADDRESS	11506 S.W. 109TH RD., UNIT W	
CITY-ST-ZIP	MIAMI FL 33176	
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
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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00 (954) 442-7838

CR2E034 (9/99)