

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S74177** (4)

1. Corporation Name

BRUZZI OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 800048
MIAMI FL 33280
US

Mailing Address

P.O. BOX 800048
MIAMI FL 33280
US

3. Date Incorporated or Qualified
08/15/1991

3a. Date of Last Report
06/30/1995

2. Principal Place of Business

4656 DAPPLE LANE

2a. Mailing Address

4656 DAPPLE LANE

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State
BOULDER, CO

27 City & State
BOULDER, CO

23 Zip
80301

25 Country
USA

28 Zip
80301

30 Country
USA

4. FEI Number

65-0299090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TATA RATAN
341 NES DAIRY ROAD
#F7
MIAMI FL 33179**

10. Name and Address of New Registered Agent

81 Name
MR. STUART BLOOM, BLOOM & ASSOCIATES P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
13899 BISCAYNE BLVD,
83 **SUITE 200 105**
84 City
MIAMI FL 85 Zip Code
33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stuart Bloom* **MR. STUART BLOOM (305) 949-2360**

MAR. 22, 1996

Signature, typed or printed name of registered agent and board of directors

Typed Name of Registered Agent's Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	TATA, RATON	341 NES DAIRY ROAD #F7	MIAMI FL	
VPT	TATA, NICHOLAS	1720 WAKERENA DRIVE APT-B	MIAMI FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
President	TATA, RATON	4656 DAPPLE LANE	BOULDER, CO 80301	
Vice President	TATA, NICHOLAS	4656 DAPPLE LANE	BOULDER, CO 80301	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Nicholas Tata **NICHOLAS TATA, VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 22, 1996 (303) 530-4617

Date

Daytime Phone

CR2E034 (12/95)