2000 UNIFORM BUSINESS REPORT (UBR)

Aug 31, 2000 8:00 am Secretary of State **DOCUMENT # \$74177** BRUZZI OF FLORIDA, INC. 08-31-2000 90099 018 ***550.00 Principal Place of Business Mailing Address 4656 DAPPLE LANE 4656 DAPPLE LANE **BOULDER CO 80301** BOULDER CO 80301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0299090 Not Applicable Ζiρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ···6:-Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name **BLOOM, STUART** Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18TH AVE SUITE 330 **MIAMI FL 33162** Zip Code City FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change Addition TITLE TATA, RATAN NAME STREET ADDRESS 4656 DAPPLE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOULDER CO** ☐ Change ☐ Delete Addition NAME TATA, NICHOLAS NAME STREET ADDRESS 4656 DAPPLE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOULDER CO** -Addition TITLE Delete -TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

2 RENICHOLAN TATA

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

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

SIGNATURE:

303-530-4617

Daytime Phone #

FILED