FILED
Aug 18, 2002 8:00 am
Secretary of State
08-18-2002 90128 034 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96544

1. Entity Name

JO JO'S IN CITTA, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 CENTRAL AVE	200 CENTRAL AVE
Suite, Apt. #, etc.: STE 100	Suite, Apt. #, etc.: STE. 100
City & State: ST. PETERSBURG FL.	City & State: ST. PETERSBURG, FL.
Zip: 33701 Country: USA	Zip: 33701 Country: USA

4. FEI Number: 59-3111500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: COLLURA JOSEPH

Street Address (P.O. Box Number is Not Acceptable): 200 CENTRAL AVE. (PROGRESS PLAZA) STE. 100

City: ST. PETERSBURG FL Zip Code: 33701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: S NAME: COLLURA, JOSEPH STREET ADDRESS: 200 CENTRAL AVE. STE. 100 CITY-ST-ZIP: ST. PETE, FL. 33701	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: RADOSTI, IDA STREET ADDRESS: 200 CENTRAL AVE # 100 CITY-ST-ZIP: ST. PETE, FL. 33701	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: RADOSTI, ANTONIO STREET ADDRESS: 200 CENTRAL AVE #100 CITY-ST-ZIP: ST. PETE, FL. 33701	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
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CR2E034B (12/01)

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

SIGNATURE: [signature] Antonio Radosti 7/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #