

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90165 016 ***150.00

DOCUMENT # V19094

1. Entity Name

CLASSICO DESSERTS, INC.

Principal Place of Business

Mailing Address

**430 ANSIN BLVD.
 BAY K&L
 HALLANDALE FL 33009
 US**

**430 ANSIN BLVD.
 BAY K&L
 HALLANDALE FL 33009
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0317066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULVIO, LANDI
 1251 SW 178 WY
 PEMBROKE PINES FL 33029**

Name

FULVIO LANDI

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

1251 S.W. 178 WAY

City

PEMBROKE PINES,

FL

33029

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)

2-1-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
VARGAS, IDA
1837 SW 102ND WAY
MIRAMAR FL 33025 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S/V/T
MARIA LANDI
1251 S.W. 178th Way
Pembroke Pines, FL 33029 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
DEL LUPO, ANGELO
353 NW 153 LN
PEMBROKE PINES FL 33028 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
FULVIO LANDI
1251 S.W. 178 WAY
PEMBROKE PINES, FL 33029 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 #

2-1-01 (954) 458-6584

CR2E034 (10/00)