

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90039 004 \*\*\*150.00

**DOCUMENT # V56779**

1. Entity Name

**CUCINA NOVELLA, INC.**

Principal Place of Business

**3861 GULF BLVD.  
 ST PETE BEACH FL 33706  
 US**

Mailing Address

**3861 GULF BLVD.  
 ST PETE BEACH FL 33706  
 US**

2. Principal Place of Business

**4019 78 Dr E  
 Suite, Apt. #, etc.**

3. Mailing Address

**PO Box 581  
 Suite, Apt. #, etc.**

City & State

**Sarasota FL**

City & State

**Tallevast FL**

4. FEI Number

**59-3139373**

Applied For

Not Applicable

Zip

**34243**

Country

**US**

Zip

**34270**

Country

**US**

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

**CORAZZA, PAUL  
~~670 SUNSET DRIVE SOUTH~~  
~~ST PETERSBURG FL 33707~~**

Name

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

**4019 78th Dr E**

City

**Sarasota**

**FL**

**34243**

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, 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 ☐ Delete  
 NAME **T CORAZZA, PAUL**  
 STREET ADDRESS **~~3861 GULF BLVD.~~**  
 CITY-ST-ZIP **~~ST PETERSBURG BCH FL~~**

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **4019 78th Dr E**  
 CITY-ST-ZIP **Sarasota FL 34243**

TITLE ☐ Delete  
 NAME **DSP CORAZZA, KELLY**  
 STREET ADDRESS **~~3861 GULF BLVD~~**  
 CITY-ST-ZIP **~~ST PETERSBURG BCH FL~~**

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **4019 78 Dr E**  
 CITY-ST-ZIP **Sarasota FL 34243**

TITLE ☐ Delete  
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 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:

*Kelly Corazza*

**Kelly Corazza**

**Pres**

**4/30/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)