

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90040 020 ***150.00

670682



DO NOT WRITE IN THIS SPACE

DOCUMENT # H30498 1. Entity Name SUNWAY RESTAURANT CORPORATION					
Principal Place of Business C/O FRED J. SCARCELLI, JR. 9870 U.S. HWY 301 S RIVERVIEW FL 33569		Mailing Address 9504 STARLITE DRIVE RIVERVIEW FL 33569 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 114 E. Bloomingdale Ave. Suite, Apt. #, etc.			
City & State Brandon, FL		City & State Brandon, FL		4. FEI Number 59-2452226	
Zip 33511		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCARCELLI, FRED J., JR. 9870 U.S. HWY 301 S RIVERVIEW FL 33569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 114 E Bloomingdale Ave. City Brandon FL Zip Code 33511	
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCARCELLI, FRED J., JR. 9503 STARLITE DR. RIVERVIEW FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	114 E. Bloomingdale Ave. Brandon, FL 33511	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARCELLI, CAROL A. 9503 STARLITE DR. RIVERVIEW FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	114 E. Bloomingdale Ave. Brandon, FL 33511	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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:			Date 1/11/01 Daytime Phone # (813) 657-1855		

CR2E034 (10/00)