

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90036 041 ***150.00

DOCUMENT # **P00000075842**
1. Entity Name
INDEPENDENT RESTAURANT OPERATORS CORPORATION

DO NOT WRITE IN THIS SPACE

822244

2. Principal Place of Business
2129 DREW ST
Suite, Apt. #, etc.

3. Mailing Address
2129 DREW ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL
Zip **33765** Country

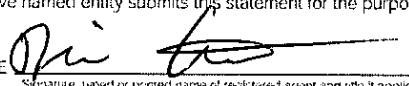
City & State
CLEARWATER FL
Zip **33765** Country

4. FEI Number
59-3674758
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
MARIO CONSTANTINOU
Street Address (P.O. Box Number is Not Acceptable)
1351 MAIN ST
City **DUNEDIN** FL Zip Code **34698**

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  **DINO CONSTANTINOU** 1-30-02
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)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARIO CONSTANTINOU
1351 MAIN ST
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP D
DINO CONSTANTINOU
2129 DREW ST
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NICK MITSIDES
14155 JUEL COURT DR
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **DINO CONSTANTINOU** 1-30-02 727-447-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)