

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

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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.

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

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IN THIS SPACE**

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)