

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 026 ***150.00

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DOCUMENT # P01000084167

1. Entity Name
PANINO'S, INC.



Principal Place of Business
4700 SW 74TH TERRACE
DAVIE FL 33314

Mailing Address
SOUTH BROWARD ACCOUNTING SERVICE, INC
1152 M UNIVERISTY DR SUITE 20
PEMBROKE PINES FL 33024



2. Principal Place of Business

6417 STIRLING RD
Suite, Apt. #, etc.

3. Mailing Address

6417 STIRLING RD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number 65-1155961

Applied For
Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name RINO NARDI
Street Address 1599 SW 193 TERRACE
City PEMBROKE PINES, FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing-- ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NARDI, RINO	
STREET ADDRESS	4700 SW 74TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NARDI, RALPH	
STREET ADDRESS	4700 SW 74TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NARDI, TINA	
STREET ADDRESS	4700 SW 74TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1599 SW 193 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1599 SW 193 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1599 SW 193 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03

Date

[Signature]

Daytime Phone #

CR2E034 (10/02)