

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90327 032 \*\*\*150.00

0239894 AV

DOCUMENT # **P02000077157**

1. Entity Name  
**EQUIPE RESTAURI, INC.**



Principal Place of Business  
~~710 WASHINGTON AVE. STE 5~~  
~~MIAMI BCH FL 33139~~

Mailing Address  
~~710 WASHINGTON AVE. STE 5~~  
~~MIAMI BCH FL 33139~~

**11030268**



2. Principal Place of Business  
**150 SE 2nd Avenue**

3. Mailing Address  
**150 SE 2nd Avenue**

Suite Apt. #, etc  
**suite 1010**

Suite Apt. #, etc  
**suite 1010**

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida 33131**

City & State  
**Miami, Florida 33131**

4. FEI Number  
**68-0520269**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

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**

**BOLOGNA, STEFANIA ESQ.**  
~~**710 WASHINGTON AVE, STE 5**~~  
~~**MIAMI BCH FL 33139**~~

Name  
**BOLOGNA, STEFANIA ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 SE 2nd Avenue, Suite 1010**  
City  
**Miami** FL Zip Code  
**33131**

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 *Stefania Bologna*  
Signature, typed or printed name of registered agent and title if applicable.

**04-29-03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BORGIA, BRUNO</b>
STREET ADDRESS	<del><b>711 5 ST STE 321</b></del>
CITY-ST-ZIP	<del><b>MIAMI BCH FL 33139</b></del>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D/P/T/S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORGIA, BRUNO</b>
STREET ADDRESS	<b>150 SE 2nd Avenue, #1010</b>
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARROCCHI, FRANCESCO</b>
STREET ADDRESS	<b>150 SE 2nd AVENUE, #1010</b>
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
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	
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: *Stefania Bologna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03 305-379-7676**  
Date Daytime Phone

CR2E034 (10/02)