

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044469

1. Entity Name
BARBIZON RESTAURANT, INC.

Principal Place of Business

5804 TYLER STREET
HOLLYWOOD FL 33021

Mailing Address

5804 TYLER STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILLER, MARVEL
5804 TYLER STREET
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
PAGGIN, GIORGIO
5804 TYLER STREET
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SCEVOLA, FILIPPO
5804 TYLER STREET
HOLLYWOOD FL 33021 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ANDREA CHIAPPA
530 OCEAN DR, PH4
MIAMI BEACH, FL 33139 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~ALLAN TUCKER~~ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASST. SECT.
H. ALLAN TUCKER
5802 TYLER ST.
HOLLYWOOD, FL 33021 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
78 ☐ 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 the same power.

SIGNATURE:

H. ALLAN TUCKER

1-10-02 (454) 981-7171

Date

Qwint Phone #

01-27-2002 90036 041 ***150.00

02 MAR 20 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

4. FEI Number
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (9/01)

Form **W-7**

(Rev. October 1999)

Department of the Treasury
Internal Revenue Service**Application for IRS Individual
Taxpayer Identification Number**

▶ See instructions. ▶ Please type or print.

▶ For use by individuals who are NOT U.S. citizens, nationals, or permanent residents.

OMB No. 1545-1483

*Page 2 of 2***Before you begin:**

- This number is for tax purposes only. Do not submit this form if you have, or are eligible to obtain, a U.S. social security number (SSN).
- Receipt of an IRS individual taxpayer identification number (ITIN) creates no inference regarding your immigration status or your right to work in the United States.
- Receipt of an ITIN does not make you eligible to claim the earned income credit (EIC).

FOR IRS USE ONLY**Reason you are submitting Form W-7. (Check only one box. See instructions.)**

- a ☐ Nonresident alien required to obtain ITIN to claim tax treaty benefit
- b ☒ Nonresident alien filing a U.S. tax return and not eligible for an SSN
- c ☐ U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN
- d ☐ Dependent of U.S. person } Enter name and SSN of U.S. person (see instructions) ▶ _____
- e ☐ Spouse of U.S. person }
- f ☐ Other (specify) _____

1 Name (see instructions) Name at birth if different ▶	1a Last name (surname or family name) <u>PAGGIN</u>	First name <u>GIROLAMO</u>	Middle name <u>N/A</u>
	1b Last name (surname or family name) <u>N/A</u>	First name <u>N/A</u>	Middle name <u>N/A</u>
2 Permanent residence address, if any (see instructions)	Street address, apartment number, or rural route number. Do not use a P.O. box number. <u>GALLERIA PORTI 4, 36100 VICENZA</u>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. <u>ITALY</u>		
3 Mailing address (if different from above)	Street address, apartment number, P.O. box number, or rural route number. <u>5802 TYLER STREET</u>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. <u>HOLLYWOOD, FL 33021</u>		
4 Birth information	Date of birth (month, day, year) <u>09 / 03 / 1948</u>	Country of birth <u>ITALY</u>	City and state or province (optional) <u>VICENZA</u>
6 Family information	Father's last name (surname) <u>PAGGIN</u>	First name <u>GIROLAMO</u>	Middle name <u>N/A</u>
	Mother's maiden name (surname) <u>PAVIN</u>	First name <u>ADELINA</u>	Middle name <u>N/A</u>
7 Other information	7a Country(ies) of citizenship <u>ITALY</u>	7b Foreign tax identification number	7c Type of U.S. visa (if any) and expiration date <u>TYPE B CLASS E2 EXP: 7-16-02</u>
	7d Identification document(s) submitted (see instructions). ☒ Passport ☐ Driver's license/State I.D. ☐ INS documentation ☐ Other _____ Issued by: <u>THE ITALIAN REPUBLIC</u> Number: <u>260662 F</u>		
	7e Have you previously received a U.S. temporary Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)? ☒ No/Do not know. Skip line 7f. ☐ Yes. Complete line 7f. If you need more space, list on a sheet and attach to this form. (See instructions.)		
	7f TIN - Enter the name under which the TIN was issued. EIN - Enter the name under which the EIN was issued.		
Sign Here Keep a copy of this form for your records.	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN).		
Signature of applicant (if delegate, see instructions) <u>[Signature]</u>	Date (month, day, year) <u>/ /</u>	Phone number	
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	☐ Parent ☐ Guardian ☐ Power of Attorney
Acceptance Agent's Use ONLY	Signature	Date (month, day, year) <u>/ /</u>	Phone: () <u> </u> <u> </u> <u> </u>
	Name and title (type or print)	Name of company	Fax: () <u> </u> <u> </u> <u> </u> EIN <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>