2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000016812

1. Entity Name

VINCIANO ITALIAN REATALIRANT INCORPORATED



Feb 14, 2003 8:00 am § Secretary of State 02-14-2003 90195 036 ***150.00 **FILED**

VINGIANC) ITALIAN REATAORANI, I	NCORE	ORATED	ST. ST.						
Principal Place 4801 LINTON DELRAY BEAC	BLVD. #12A	4801	g Address LINTON BLVD. #12A AY BEACH FL 33445		<u>-</u>					
2. Principal P	lace of Business	3. Mailing Address) INDISTRUCTION SOLUTIONS OF A STATE OF			 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	4. FEI Number 65-0812611			plied For t Applicable	
Zip	Country	Zip		Country	5.	Certificate of Status Desired		8.75 Add e Required		
	6. Name and Address of Current	Registere	d Agent		7.	Name and Address of New Re	gistered Ag	ent		
THE PARTY OF THE P					Name					
VINGIANO 4801 LINT	, CHKIS ON BLVD. #12A			Street Addres	ss (P.O. I	Box Number is Not Acceptable)				
	BEACH FL 33445									
				City			FL	Zip Code	a	
8. The above the obligation	named entity submits this statement fi	or the purp	ose of changing its reg	gistered office or regi	stered a	gent, or both, in the State of Flori	ida. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if appl	licable. (NOTE: Re	egistered Agent signature req	uired when	reinstating)	DATE		<u>!</u>	
. 27 5 5/20 -	ILE NOW!!! FEE IS \$150.00	رچ°د ناح		·				65.0		
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department					 9. Election Campaign Fina Trust Fund Contribution. 			0 May Be I to Fees	
10.	OFFICERS AND	DIRECTO		11.	A	DDITIONS/CHANGES TO OFFIC	CERS AND		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINGIANO, CHRIS 4801 LINTON BLVD. #12A DELRAY BEACH FL 33445		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	γ~. [~]	· ,		- Онапле	☐ Addition	
TITLE	DELINAT BENOTITE 30440		☐ Delete	TITLE	<u></u>	2		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			i	NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	<u></u>	_	☐ Delete	TITLE			[Change	. Addition	
NAME STREET ADDRESS		₩₹ .		NAME STREET ADDRESS		and the second s		~		
CITY-ST-ZIP			n	CITY-ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME - STREET ADDRESS			l	Change	☐ Addition	
CITY-ST-ZIP			<u></u>	CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, [☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS			I	Change	· Addition	
CITY-ST-ZIP	certify that the information supplied wi	th this filing	does not qualify for th	CITY-ST-ZIP ne exemption stated in	n Section	n 119.07(3)(i), Florida Statutes. I	further certif	y that the ir	nformation	

Thereby certify that the mornation supplied with this him globes not quality for the exemption stated in section 1.19.07(3)(f). Florida statutes. Figure 1 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:

TE BERTHARS Vingiano MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-997-0874

Date

Daytime Phone #