

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 003 ***150.00

DOCUMENT # 647234

1. Entity Name
DORIA'S PIER 5 RESTAURANT, INC.

Principal Place of Business

124 S. FEDERAL HWY.
HALLANDALE FL 33009

Mailing Address

124 S. FEDERAL HWY.
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1957996

Applied For

Not Applicable

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

PERRONE, DOMENICO
124 S. FEDERAL HWY.
HALLANDALE FL 33009

Name **Frank Perrone**

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

124 S. Federal Hwy.

Hallandale

City

FL

Zip Code

33009

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 **Frank Perrone**

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **PERRONE, FRANK**
 STREET ADDRESS **5550 S.W. 67TH TERRACE**
 CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Change ☒ Addition
 NAME **Angela Perrone**
 STREET ADDRESS **5550 S.W. 67th Terrace**
 CITY-ST-ZIP **DAVIE FL. 33314 V.P.**

TITLE **V** ☒ Delete
 NAME **PERRONE, DOMENICO**
 STREET ADDRESS **5600 S.W. 67TH TERRACE**
 CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Change ☒ Addition
 NAME **Louis Perrone**
 STREET ADDRESS **5550 S.W. 67th terrace**
 CITY-ST-ZIP **DAVIE FL. 33314 Secretary #1**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Maryanne Perrone**
 STREET ADDRESS **5550 S.W. 67th terrace**
 CITY-ST-ZIP **DAVIE FL. 33314 Secretary #2**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE: **Frank Perrone**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)