

Feb 21, 2000 8:00 a
Secretary of State

02-21-2000 90044 002 ***150.00

DOCUMENT # G97619

Name

DINO'S PIZZA & RESTAURANT, INC.

Place of Business

Mailing Address

RD 84
FL 3332615964 STATE RD 84
SUNRISE FL 33326-1228

C I O U T V



DO NOT WRITE IN THIS SPACE

Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

State

City & State

4. FEI Number

59-2449365

Applied For

Not Applicable

Country

Zip

Country

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

SILVESTRO, ANTONIO
11331 N.W. 5TH ST.
PLANTATION FL 33325

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its Intangible
filing requirement and elects to do so.
(Criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP
SILVESTRO, ANTONIO
11331 N.W. 5TH ST.
PLANTATION FL☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ AdditionI 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
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
I am, or on an attachment with an address, with all other like empowered.SIGNATURE: Antonio Silvestro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/00 (954) 384-6400

CR2E034 (9/99)