

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90117 017 ***150.00

0091013 AV

DOCUMENT # J52697

1. Entity Name

FIORÉ'S GOURMET OF FLORIDA, INC.



Principal Place of Business

**811 CLEVELAND ST.
 CLEARWATER FL 33755**

Mailing Address

**811 CLEVELAND ST.
 CLEARWATER FL 33755**

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

59-2764212

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

**LEO, ALFONSO
 649 HARBOR ISLAND
 CLEARWATER FL 33515**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEO, ALFONSO 649 HARBOR ISLAND CLEARWATER FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-01 (727) 447-4100
 Date Daytime Phone #

CR2E034 (5/01)

Fiore's Gourmet, Inc.

*Attachment
J52697*

A007085

811 Cleveland St.
Clearwater, Florida 33767

Phone 727-447-4100
Fax 727-443-7378

July 09, 2001

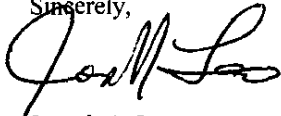
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/ Madam,

For the second year in a row I have not received my corporation filing packet in a timely manner. I am enclosing a check in the amount of \$150.00 as per my conversation with one of your operators. We believe that the problem lies with the zip code that you have on file for us. The correct zip code is 33755. Please correct your records so we can avoid any future mishaps and headaches.

Thank You for your prompt attention to this matter!

Sincerely,



Joseph A. Leo
Fiore's Gourmet of Florida, Inc.
811 Cleveland St.
Clearwater, FL 33755

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