

3/15

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90012 021 \*\*\*150.00

DOCUMENT # K36013

1. Entity Name  
**A & A RESTAURANTS, INC.**

Principal Place of Business

**1 WEST PLANT  
 WINTER GARDEN FL 34787  
 US**

Mailing Address

**14152 COUNTRY ESTATE DR  
 WINTER GARDEN FL 34787**

24700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2911991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GONCALVES, ANTONIO  
 7 SOUTH DILLARD STREET  
 WINTER GARDEN FL 32787**

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: **DPS** ☐ Delete  
 NAME: **GONCALVES, ANTONIO**  
 STREET ADDRESS: **1 WEST PLANT ST**  
 CITY-ST-ZIP: **WINTER GARDEN FL**

TITLE: **DV** ☐ Delete  
 NAME: **GONCALVES, ALDA**  
 STREET ADDRESS: **1 WEST PLANT ST**  
 CITY-ST-ZIP: **WINTER GARDEN FL**

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition  
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 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-02 407-856-5965

CR2E034 (8/01)