

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47614

1. Entity Name

LA CANTINA D' ITALIA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90001 011 ***150.00

Principal Place of Business Mailing Address
1050 62ND AVENUE N 1050 62ND AVENUE N
ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702-7420
US US

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 **59-2932854** 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

FEOLA, POMPEO
1050 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

Name CUSTODE, THOMAS A.
Street Address (P.O. Box Number is Not Acceptable)
1050 62ND AVENUE NORTH
City ST. PETERSBURG, FL Zip Code 33702

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 *Thomas A. Custode* PD 4-26-2000
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, 2000 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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEOLA, POMPEO		NAME		
STREET ADDRESS	1050 62ND AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSTODE, THOMAS A.		NAME		
STREET ADDRESS	1050 62ND AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEOLA, ANIELLO		NAME		
STREET ADDRESS	1050 62ND AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Thomas A. Custode* **SIGNATURE REQUIRED** 4-26-2000 522 0082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)