

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K53970**

1. Entity Name  
**PASTA CUISINE, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 OCT 10 AM 9:34

Principal Place of Business  
~~JO ANNE PETRILLI~~  
**2644 ATLANTIC BLVD.**  
**JACKSONVILLE FL 32207**

Mailing Address  
~~JO ANNE PETRILLI~~  
**2644 ATLANTIC BLVD.**  
**JACKSONVILLE FL 32207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2926688**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

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

~~PETRILLI, JO ANNE~~  
**Joanne Petrilli**  
**2644 ATLANTIC BLVD.**  
**JACKSONVILLE FL 32207**

Name **Joanne Petrilli**  
Street Address (P.O. Box Number is Not Acceptable)  
**Same**  
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 \_\_\_\_\_ (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	DP PETRILLI, ENRICO 2644 ATLANTIC BLVD. JACKSONVILLE FL <b>Same</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETRILLI, JO ANNE 2644 ATLANTIC BLVD. JACKSONVILLE FL <b>Same</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Petrilli, Enrico</b> <b>2644 Atlantic Blvd</b> <b>Jax, FL 32207</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Petrilli, Joanne</b> <b>2644 Atlantic Blvd</b> <b>Jax FL 32207</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100004649851-4</b> <b>-10/23/01--01044-010</b> <b>****150.00 ****150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **Petrilli**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/5/01** Daytime Phone #

CR2E034 (5/01)



## Enrico's Ristorante Italiano

I did not receive the package  
for Corporate renewal. The only one received  
was for an already late one due Sept. 12-2001.

The owners have remained the same for  
17 years in this location. We had some people  
run this location for us for 9 months and we  
did not receive some of our business mail.  
We wish to retain our corporate status as the  
same for 17 yrs - but did not receive original report.

Your Hosts: Joanne & Enrico Petrilli

10920-3 Baymeadows ds. Jacksonville, FL 32256 (904) 538-9882