2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L37095

Entity Name

PALMA MARIA RESTAURANT, INC.

Mailing Address Principal Place of Business 1015 E. SEMORAN BLVD. 1015 E. SEMORAN BLVD. C/O PETER ROSINOLA JR. C/O PETER ROSINOLA JR. CASSELBERRY FL 32707 CASSELBERRY FL 32707 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State 59-2984727 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSINOLA, PETER JR Street Address (P.O. Box Number is Not Acceptable) 1015 E. SEMORAN BLVD. CASSELBERRY FL 32707 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change - -_{LE} ☐ Delete TITLE ROSINOLA, PETER NAME STREET ADDRESS STREET ADDRESS 559 MOCCASIN COURT CITY-ST-ZIP CASSELBERRY FL : TY-ST-ZIP ☐ Change ☐ Addition --_E ☐ Delete SAME ROSINOLA, ANNA STREET ADDRESS STREET ADDRESS 313 KANTOR BLVD. CITY-ST-ZIP TY-ST-ZIP CASSELBERRY FL ☐ Change Addition ☐ Delete NAME 1,2108 ETREET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Addition Change ☐ Delete TITLE - - <u>F</u> NAME 1,21,7E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 TY-ST-ZIP □ Change ☐ Addition ☐ Delete - -_E NAME SAME STREET ADDRESS STREET ADDRESS in-SI-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition - 1.5 TITLE 1,41,4[STREET ADDRESS ETHEE FADORESS

12. Thereby 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 prustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching it with an addiess, win all other like empowered.

CITY-ST-ZIP

SIGNATURE:

JUL 18.2003

CRZE

Jun 20, 2003 8:00 am

Secretary of State

06-20-2003 90029 009 ***150.00