

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90069 022 ***150.00

DOCUMENT # L66757

1. Entity Name

ROCCO'S CAFE INC.

Principal Place of Business

Mailing Address

58 4TH ST N.W.
 WINTER HAVEN FL 33881

58 4TH ST N.W.
 WINTER HAVEN FL 33881

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 **59-3005349**

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

MONTELEONE, ROCCO
237 E LAKE MCLEOD DR
WINTER HAVEN FL 33880

Name

Rocco Monteleone

Street Address (P.O. Box Number is Not Acceptable)

224 Hernando Rd

City

Winter Haven

FL

Zip Code

33884

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

Rocco Monteleone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2001

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, 2001 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** ☐ Delete
 NAME **MONTELEONE, ROCCO**
 STREET ADDRESS **237 E LAKE MCLEOD DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **President** ☒ Change ☐ Addition
 NAME **Rocco Monteleone**
 STREET ADDRESS **224 Hernando Rd.**
 CITY-ST-ZIP **Winter Haven, FL. 33884**

TITLE **TSD** ☐ Delete
 NAME **MONTELEONE, JOSEPHINE**
 STREET ADDRESS **237 E LAKE MCLEOD DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **VPD** ☐ Delete
 NAME **MONTELONE, CHERYL**
 STREET ADDRESS **237 E. LK. MCLEOD DR.**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Cheryl Monteleone**
 STREET ADDRESS **725 ave M. SE.**
 CITY-ST-ZIP **Winter Haven, FL. 33880**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Monteleone

Date

4/29/2001

Daytime Phone #

299-2663

CR2E034 (10/00)