

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90188 018 ***150.00

04/26/02 AV

DOCUMENT # L66757

1. Entity Name

ROCCO'S CAFE INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

58 4TH ST N.W.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL.

City & State

Winter Haven, FL.

4. FEI Number

59-3005349

Applied For

Not Applicable

Zip

33881

Country

USA

Zip

33881

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTELEONE, ROCCO
 224 HERNANDO ROAD
 WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

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

Rocco Monteleone

4/29/2002

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 **P** ☐ Delete
 NAME **MONTELEONE, ROCCO**
 STREET ADDRESS **334 HERNANDO ROAD**
 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 **VPD** ☐ Delete
 NAME **MONLEONE, CHERYL**
 STREET ADDRESS **725 AVE M SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

CR2E034 (9/01)

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:

Cheryl A. Monteleone

Cheryl A. Monteleone *4/29/2002 863-299-2062*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #