

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M18039

1. Entity Name

BOB'S ITALIAN RESTAURANT, INC.

R

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90005 034 ***150.00

Principal Place of Business

2068 N.E. 2 ST.
DEERFIELD BEACH FL 33441

Mailing Address

2068 N.E. 2 ST.
DEERFIELD BEACH FL 33441

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

59-2563250

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

BOB'S PIZZA
2068 N.E. 2 ST.
DEERFIELD BEACH FL 33441

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. 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 ☐ Delete
NAME **P**
STREET ADDRESS **AMANTE, ROBERT**
CITY-ST-ZIP **10076 EL CABALLO CT**
DELRAY BEACH FL 33446

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **AMANTE, CRISTINA**
CITY-ST-ZIP **10076 EL CABALLO CT**
DELRAY BEACH FL 33446

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **AMANTE, NUNZIO**
CITY-ST-ZIP **113 ST CLOUD LN**
BOCA RATON FL 33431

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **AMANTE, ROSARIA**
CITY-ST-ZIP **113 ST CLOUD LN**
BOCA RATON FL 33431

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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
Date

954 4261030
Daytime Phone #

M18039

A0069578

Bob's Italian Restaurant Inc.

2068 N.E. 2nd St.
Deerfield Beach, Fl. 33441

Telephone (954)426-1030
Fax (954)426-1016

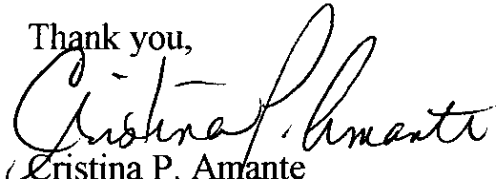
July 18, 2000

To whom it may concern,

Enclosed is a check for \$150.00. Unfortunately we never received the UBR report in the month of May. We have been in business for 25 years and have never had a problem. We would appreciate if you would waive the fine of \$400.00 since this is our first time and also because we never received the application.

Please notify us in writing or phone call if there is a problem with this situation.

Thank you,


Cristina P. Amante
Owner/Manager