

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M18039

1. Entity Name

BOB'S ITALIAN RESTAURANT, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90320 017 ***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 \$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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
P	AMANTE, ROBERT	10076 EL CABALLO CT	DELRAY BEACH FL 33446	☐
T	AMANTE, CRISTINA	10076 EL CABALLO CT	DELRAY BEACH FL 33446	☐
VP	AMANTE, NUNZIO	113 ST CLOUD LN	BOCA RATON FL 33431	☐
S	AMANTE, ROSARIA	113 ST CLOUD LN	BOCA RATON FL 33431	☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01

Date

954-426-1030

Daytime Phone #

CR2E034 (10/00)