

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90088 025 ***150.00

DOCUMENT # P00000031883

1. Entity Name
OFF BROADWAY DELI, INC

Principal Place of Business

**9190 BAYOU DRIVE
TAMPA FL 33635**

Mailing Address

**9190 BAYOU DRIVE
TAMPA FL 33635**

2. Principal Place of Business

8194 WOODLAND CENTER

3. Mailing Address

8194 WOODLAND CENTER

Suite, Apt. #, etc.

8194

Suite, Apt. #, etc.

8194

City & State

TAMPA

City & State

TAMPA FLA

4. FEI Number

593640645

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

33614

Country

USA

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

**GAGLIARDI, FRANK
9190 BAYOU DRIVE
TAMPA FL 33635**

Name

FRANK GAGLIARDI

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

9190 BAYOU DRIVE

City

TAMPA

FL

Zip Code

33614

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

Frank Gagliardi

FRANK GAGLIARDI

April 24, 2001

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	FRANK GAGLIARDI	
STREET ADDRESS	9190 BAYOU DR.	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	KIMIN LEE	
STREET ADDRESS	12656 Castle Hill dr	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Frank Gagliardi **FRANK GAGLIARDI**

Date

Daytime Phone #

4-24-01 290-8996

CR2E034 (10/00)