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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
01-27-2002 90036 041 ***150.00
02 MAR 20 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044469

1. Entity Name
BARBIZON RESTAURANT, INC.

Principal Place of Business	Mailing Address
5804 TYLER STREET HOLLYWOOD FL 33021	5804 TYLER STREET HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
01-27-2002 90036 041 150.00

4. FEI Number APPLIED FOR ☐ 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
SILLER, MARVEL 5804 TYLER STREET HOLLYWOOD FL 33021	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD PAGGIN, GIORGIO 5804 TYLER STREET HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SCEVOLA, FILIPPO 5804 TYLER STREET HOLLYWOOD FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VSD ANDREA SHIAPPA 530 OCEAN DR, PH4 MIAMI BEACH, FL. 33139 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. SECT. Hs ALLAN TUCKER 5802 TYLER ST. HOLLYWOOD, FL. 33021 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TO ☐ Change ☐ Addition

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: N. ALLAN TUCKER 1-10-02 (954)981-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Form **W-7** (Rev. October 1999)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

▶ See instructions. ▶ Please type or print.
▶ For use by individuals who are NOT U.S. citizens, nationals, or permanent residents.

OMB No. 1545-1483

Before you begin:

- *This number is for tax purposes only. **Do not submit** this form if you have, or are eligible to obtain, a U.S. social security number (SSN).*
- *Receipt of an IRS individual taxpayer identification number (ITIN) creates no inference regarding your immigration status or your right to work in the United States.*
- *Receipt of an ITIN does not make you eligible to claim the earned income credit (EIC).*

FOR IRS USE ONLY

Reason you are submitting Form W-7. (Check only one box. See instructions.)

a ☐ Nonresident alien required to obtain ITIN to claim tax treaty benefit
b ☒ Nonresident alien filing a U.S. tax return and not eligible for an SSN
c ☐ U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN
d ☐ Dependent of U.S. person
e ☐ Spouse of U.S. person
f ☐ Other (specify)
Enter name and SSN of U.S. person (see instructions) ▶

1 Name (see instructions) Name at birth if different ▶

1a Last name (surname or family name)	First name	Middle name
PAGGIN	GIORGIO	N/A
1b Last name (surname or family name)	First name	Middle name
N/A	N/A	N/A

2 Permanent residence address, if any (see instructions)

Street address, apartment number, or rural route number. Do not use a P.O. box number.
GALLERIA PORTI 4, 36100 VICENZA
City or town, state or province, and country. Include ZIP code or postal code where appropriate.
ITALY

3 Mailing address (if different from above)

Street address, apartment number, P.O. box number, or rural route number.
5802 TYLER STREET
City or town, state or province, and country. Include ZIP code or postal code where appropriate.
HOLLYWOOD, FL 33021

4 Birth information

Date of birth (month, day, year)	Country of birth	City and state or province (optional)	**5**
09, 03, 1948	ITALY	VICENZA	☒ Male ☐ Female

6 Family information

Father's last name (surname)	First name	Middle name
PAGGIN	GIROLAMO	N/A
Mother's maiden name (surname)	First name	Middle name
PAVIN	ADELINA	N/A

7 Other information

7a Country(ies) of citizenship	7b Foreign tax identification number	7c Type of U.S. visa (if any) and expiration date
ITALY		TYPE B CLASS E2 EXP: 7-16-02

7d Identification document(s) submitted (see instructions).
☒ Passport ☐ Driver's license/State I.D. ☐ INS documentation ☐ Other
Issued by: THE ITALIAN REPUBLIC Number: 260662 F

7e *Have you previously received a U.S. temporary Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)?*
☒ **No/Do not know.** Skip line 7f.
☐ **Yes.** Complete line 7f. If you need more space, list on a sheet and attach to this form. (See instructions.)

7f **TIN** ☐☐☐-☐☐-☐☐☐☐ **EIN** ☐☐-☐☐☐☐☐☐☐

Enter the name under which the TIN was issued. | Enter the name under which the EIN was issued.

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN).

Signature of applicant (if delegate, see instructions)	Date (month, day, year)	Phone number
	/ /	
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant ▶ ☐ Parent ☐ Guardian ☐ Power of Attorney	

Keep a copy of this form for your records.

Acceptance Agent's Use ONLY

Signature	Date (month, day, year)	Phone ( )
	/ /	Fax ( )
Name and title (type or print)	Name of company	EIN