

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90027 047 ***150.00

DOCUMENT # P00000044469

1. Entity Name
BARBIZON RESTAURANT, INC.



Principal Place of Business
**5804 TYLER STREET
HOLLYWOOD, FL 33021**

Mailing Address
**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

03032004

Chg-P

CR2E034 (10/03)

4. FEI Number

03-0472025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SILLER, MARVEL
5804 TYLER STREET
HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name **H. ALLAN TUCKER**
Street Address (P.O. Box Number is Not Acceptable)
5802 TYLER STREET
City **HOLLYWOOD** FL Zip Code **33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **PTD** ☐ Delete
STREET ADDRESS **PAGGIN, GIORGIO**
CITY-ST-ZIP **5804 TYLER STREET
HOLLYWOOD, FL 33021**

TITLE
NAME **VSD** ☐ Delete
STREET ADDRESS **CHIAPPA, ANDREA**
CITY-ST-ZIP **530 OCEAN DR, PH 4
MIAMI BEACH, FL 33139**

TITLE
NAME **AS** ☐ Delete
STREET ADDRESS **TUCKER, ALLAN**
CITY-ST-ZIP **5802 TYLER STREET
HOLLYWOOD, FL 33021**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

GIORGIO PAGGIN

1-9-04