

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046059

1. Entity Name

IL NONNO ITALIAN RESTAURANT, INC.

Principal Place of Business

117 SW 107TH AVENUE
MIAMI FL 33174

Mailing Address

117 SW 107TH AVENUE
MIAMI FL 33174

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, NICANOR
117 SW 107TH AVENUE
MIAMI FL 33174

7. Name and Address of New Registered Agent

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, 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

TITLE PST
NAME GONZALEZ, NICANOR
STREET ADDRESS 117 SW 107TH AVENUE
CITY-STATE-ZIP MIAMI FL 33174 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME ☐ Change ☐ Addition
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CITY-STATE-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 - 305-971-0904
Date Daytime Phone #

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-27-2002 90476 050 ***150.00

40095



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment #

 40095

July 2, 2002

Florida Department of State
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: IL NONNO ITALIAN RESTAURANT, INC.
#: P00000046059

Gentlemen:

In reference to your notice dated June 4, 2002 please be advised that we have not yet apply for a Federal Employer Identification (FEI) number, since the company has not open its operation yet.

Sincerely,
Nicanor, Gonzalez, Pres.
ILNonno Italian Restaurant, Inc.

Attachment

40095

#P00000046059

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: IL NONNO ITALIAN RESTAURANT, INC

Gentlemen:

Once again we are referring you to our letter dated July 2, 2002. (attached to the annual report).

Please be advised that we have not applied for a federal id number, since we have not commence any kind of operation yet, the reason for keeping the Company alive is to preserve the name for future use.

Please accept the report as file.

Sincerely,

Nicanor Gonzalez
Nicanor Gonzalez