

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90136 035 \*\*\*150.00

**DOCUMENT # P00000062752**



1. Entity Name  
**PINO'S PRIMI PIATTI, INC.**

Principal Place of Business  
**4418 74TH AVENUE EAST  
SARASOTA FL 34243**

Mailing Address  
**4418 74TH AVENUE EAST  
SARASOTA FL 34243**



2. Principal Place of Business  
**1301 Main St**

Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA FL**

City & State

4. FEI Number **65-1019981**

Applied For  
 Not Applicable

Zip **34236** Country **Sarasota**

Zip Country

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**

**CASWELL, CHRIS  
2364 FRUITVILLE ROAD.  
SARASOTA FL 34237**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUONGO, GUISEPPE 4418 74TH AVENUE EAST SARASOTA FL 34243</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LUON GO, KIMBERLY 4418 74TH AVENUE EAST SARASOTA FL 34243</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kimberly Luongo, FSEOL** *Kimberly Luongo* 3/10/03 941-955-3739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)