

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 031 ***150.00

DOCUMENT # P00000069401

1. Entity Name

IL GIRAMONDO RESTAURANT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

276 Alhambra Circle
Suite, Apt. #, etc.

3. Mailing Address

276 Alhambra Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-1032752

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip

33134

Country

USA

Zip

33134

Country

USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Giancarlo Monegatti

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

276 Alhambra Circle
City

Coral Gables

FL

Zip Code
33134

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] GIANCARLO MONEGATTI

04/12/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ZECCHINI, Guido
15595 N.W. 15th Avenue
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
MONEGATTI, Giancarlo
15595 N.W. 15th Avenue
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/T/P
TINTI, Anna Maria
15595 N.W. 15th Avenue
Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] ANNA MARIA TINTI, PRES. 04/12/02 305-532-0622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)