

2002 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT # P0000069401

1. Entity Name **IL GIRAMONDO RESTAURANT CORP.**

Principal Place of Business

Mailing Address

**276 Alhambra Circle
Coral Gables, FL 33134**

**276 Alhambra Circle
Coral Gables, FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 AUG 23 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. FEI Number

651032752

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Monegatti, Guancarlo
276 Alhambra Circle
Coral Gables, FL 33134**

7. Name and Address of New Registered Agent

Name

Monegatti, Giancarlo

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, 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, 2000 Fee will be \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Zecchini, Guido
15595 N.W. 15th Avenue
Miami, Florida 33169**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Monegatti, Giancarlo
15595 N.W. 15th Avenue
Miami, Florida 33169**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Tinti, Ana M.
15595 N.W. 15th Avenue
Miami, Florida 33169**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Manguart, Julio E.
1428 Brickell Avenue Main Floor
Miami, FL 33131**



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100008019841
-09/25/02--01061--012
*****61.25 *****61.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
Monegatti, Giancarlo
276 Alhambra Circle
Coral Gables, FL 33134**



Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Tinti, Ana M.
276 Alhambra Circle
Coral Gables, FL 33134**



Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

Addition

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 Block 12 if changed, or on an attachment with and address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)