

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90199 040 ***150.00

DOCUMENT # P00000105643

1. Entity Name

CVF RESTAURANT, INC.

Principal Place of Business

Mailing Address

C/O SAVIOR MANAGEMENT INC/SAL'S CORPORATE
10026 SPANISH BLVD. B16-B17
BOCA RATON FL 33498

C/O SAVIOR MANAGEMENT INC/SAL'S CORPORATE
10026 SPANISH BLVD. B16-B17
BOCA RATON FL 33498

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

05-1053753

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDEN, LINDA J CPA
225 NE MIZNER BLVD, STE 300
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Margaret Giordano
10026 Spanish Isles Blvd
B16-17
Boca Raton FL 33498

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

Margaret Giordano - 2/15/01

Signature, type 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	PITO, FRANK	
STREET ADDRESS	10026 SPANISH BLVD, B16-B17	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIORDANO, VITO	
STREET ADDRESS	10026 SPANISH BLVD, B16-B17	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIORDANO, MARGARET	
STREET ADDRESS	10026 SPANISH BLVD, B16-B17	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 an other like empowered.

SIGNATURE:

Margaret Giordano - 2/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)