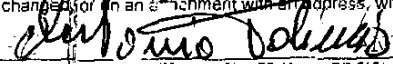


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KANTOR & SCHNE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # E00000107032			
1. Entity Name			
LA STELLA RESTAURANT SOUTH, INC.			
Principal Place of Business		Mailing Address	
3801 N. UNIVERSITY DR. SUNRISE, FL 33351		3801 N. UNIVERSITY DR. SUNRISE, FL 33351	
2. Principal Place of Business		3. Mailing Address	
SAME		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country USA
4. FEI Number		Applied For	
59-2189225		Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
TALIERCIO, ANTONIO 3801 N. UNIVERSITY DR. SUNRISE, FL 33351			
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TALIERCIO, ANTONIO	NAME	
STREET ADDRESS	3801 N. UNIVERSITY DR.	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE, FL 33351	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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(2)(b) 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, trustee empowered to execute this report as required by Chapter 689, Florida Statutes; and that my name appears in Block 11 or Block 12 if change for or an attachment with an address, with all other like empowered.			
SIGNATURE: 		ANTONIO TALIERCIO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/27/01 954-748-4788	