

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90653 034 ***150.00

0126840 AV

DOCUMENT # P01000015765

1. Entity Name

VALENTINO'S OF VERO BEACH, INC.

Principal Place of Business
2821 HAMPTON CIRCLE WEST
DELRAY FL 33445

Mailing Address
2821 HAMPTON CIRCLE WEST
DELRAY FL 33445

2. Principal Place of Business

4445 N. A1A

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH

FL

City & State

VERO BEACH

FL

4. FEI Number

65-1078245

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W
756 BEACHLAND BOULEVARD
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Fred Migliore

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

925 Shore Drive

City

VERO BEACH

FL

Zip Code

32963

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

Fred Migliore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-2002

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, 2002 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 **PRESIDENT** ☐ Delete
 NAME **FERDINAND MIGLIORE**
 STREET ADDRESS **4445 N. A1A**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **LORRAINE MIGLIORE**
 STREET ADDRESS **4445 N. A1A**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Fred Migliore

4-3-02

561-234-4426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)