

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90180 046 \*\*\*150.00

**DOCUMENT # P01000030043**

**1. Entity Name**  
**ITALIAN RESTAURANTS CO., INC.**

**Principal Place of Business**

**17624 COLLINS AVENUE**  
**MIAMI BEACH FL 33160**

**Mailing Address**

**200 SOUTH BISCAYNE BOULEVARD**  
**SUITE 4815**  
**MIAMI FL 33131**

**2. Principal Place of Business**

**18090 COLLINS AVE.**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**T-3**

**City & State**

**MIAMI BEACH FL**

**City & State**

**Zip**

**33160**

**Country**

**DADE**

**Zip**

**Country**

**4. FEI Number**

**65-636 7227**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**SALUSSOLA, PIERO**  
**200 SOUTH BISCAYNE BOULEVARD**  
**SUITE 4815**  
**MIAMI FL 33131**

**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, 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**

<b>TITLE</b>	<b>DPT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GIANCATERINI, MARY</b>	
<b>STREET ADDRESS</b>	<b>17624 COLLINS AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33160</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GIANCATERINI, MARY</b>	
<b>STREET ADDRESS</b>	<b>18090 COLLINS AVENUE T-3</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33160</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>GIANCATERINI, MARCELLO</b>	
<b>STREET ADDRESS</b>	<b>18090 COLLINS AVENUE T-3</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33160</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 alternate like empowered.**

**SIGNATURE:**

**MARY GIANCATERINI 4/5/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)