2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000065070 **DOCUMENT #**

1. Entity Name

BILOTTI'S ITALIAN GRILL, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State

-03-2003 90849 017 ***150.00

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Principal Place of Business 9045 LA FONTANA BLVD SUITE B-1 BOCA RATON FL 33434				Mailing Address 9045 LA FONTANA BLVD SUITE B-1 BOCA RATON FL 33434								
2. Principal Place of Business			3	3. Mailing Address					#### 			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	nati i ingga			Applied For	
Zíp	Country			Zip	Coun	ountry 5.		Certificate of Status Desired		\$8.75 Ac		
6. Name and Address of Current Registered Agent							7.	Name and Address of New			60	
DIFOTTI	IOOEDII	عني بندق	-	يعران يوديج الردسة		Name		***				
BILOTTI, JOSEPH 9045 LA FONTANA BLVD SUITE B-1					Street A	ddress (P.O. E	Box Number is Not Acceptat	ole)				
BOCA RA	TON FL 334	134				City				T 75- 0-	J.	
			· erumu			·			FL	Zip Co		
the obligat	e named entity tions of regist	submits thi ered agent.	s statement for the	purpose of changing i	its registere	ed office o	registered ag	gent, or both, in the State of I	Florida. I am f	amiliar with	, and accept	
SIGNATURE	Signature, typed	or printed name	of registered agent and title	e if applicable. (NC	OTE: Registered	d Agent signat	ure required when re	reinstating)	DATE			
رة Afte	FILE NOW!! or May 1, 200 k Payable to	3 Fee will	•	ite				9. Election Campaign F Trust Fund Contribut	~ _		00 May Be ed to Fees	
10.			FICERS AND DIRE		11.		AD		FICERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BILOTTI, JO 9045 LA FO BOCA RAT	ontana e	ILVD SUITE B-1 134	☐ Delete						☐ Change	☐ Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

JUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #