

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076121

1. Entity Name
OPERA RISTORANTE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -4 PM 12:05

Principal Place of Business
350 5TH AVE. SOUTH, SUITE 202
NAPLES, FL 34102

Mailing Address
350 5TH AVE. SOUTH, SUITE 202
NAPLES, FL 34102

2. Principal Place of Business
26841 SOUTH BAY DRIVE

3. Mailing Address
26841 SOUTH BAY DRIVE



Suite, Apt. #, etc.
159

Suite, Apt. #, etc.
159

☒ CHECK HERE IF MAKING CHANGES

City & State
BONITA SPRINGS

City & State
BONITA SPRINGS

4. FEI Number
59-3735164

Applied For
Not Applicable

Zip
34134

Country
USA

Zip
34134

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, A.J.
350 5TH AVE. SOUTH, SUITE 202
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name
TOM CLAYBAR
Street Address (P.O. Box Number is Not Acceptable)
26841 SOUTH BAY DRIVE #159
City
BONITA SPRINGS FL Zip Code
34134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

2-4-03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, A.J. 5801 GLEN COVE DR., NO. 505 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITHER, ALAN 768 UXBRIDGE RD. HAYES MIDDLESEX, ENGLAND UB4 0RU,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON BARTLETT 8617 RIVER HOMES LANE BONITA SPRINGS, FLORIDA 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM CLAYBAR 627 SOLIEL DRIVE NAPLES FLORIDA 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800013272148 02/28/03--01045--029 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-03

CR2E034 (10/02)