### **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

#### P01000077594 **DOCUMENT #**



# 

1. Entity Name ALLEGRIA WINE BAR CUCINA, INC.						02-13-2003 90209 004 ***150.00						
Principal Place of Business 115 E LYMAN AVE WINTER PARK FL 32789		Mailing Address 115 E LYMAN AVE WINTER PARK FL 32789						 				
2. Principal Pl	ace of Business 3.	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State	)	City & State			4	I. FEI Number					oplied For ot Applicable	
Zip	Country	Zip	Countr		5. (		of Status De	sired		8.75 Add ee Require	ditional	
	6. Name and Address of Current Regi	stered Agent				. Name and			gistered A	gent		
				Name S P A	GNOL	~ R	OSA R	ίο				
:	o, rosario		Street A	ddress (P.O	). Box Number	Box Number is Not Acceptable)			-			
2001 NOT		432	WIL	·LOW	RUN	LN			··-			
WINTER F	PARK FL 32792			<u></u>	1000							
				City ix/	INTER	4 SPRin	V65		FL	Zip Cod	รื้อ8	
	named entity submits this statement for the lons of registered agent.	purpose of changing its	register					e of Flor	ida. I am fa	miliar with,	and accept	
	•											
SIGNATURE .	Signature, typed or printed name of registered agent and titl	e if applicable. (NOT	E: Registere	d Agent signati	ure required who	en reinstating)			DATE		-	
E	LE-NOW!!!-FEE-IS-\$150.00					0 Flag	otion Camp	sian Eine	noina	¢= (	00-May-Be	
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of Sta				<del></del>	1	st Fund Cor	_			d to Fees	
10.	OFFICERS AND DIRE	CTORS	11.			ADDITIONS/	CHANGES	TO OFFI	CERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAGNOLO, ROSARIO 2001 NOTTINGDALE LANE WINTER PARK FL 32792	☐ Delete			932	NOLO XILLO K ER SPRI	RUN	LN	32708	<b>⊠</b> Change 3	☐ Addition	
TITLE	WHITEIT FAIRT E GET GE	☐ Delete	TITL		WINIE	ER STREET		, ,		☐ Change	Addition	
NAME STREET ADDRESS - CITY-ST-ZIP		□ Delete	NAM STRI								_	
TITLE		☐ Delete	TITL	E		<del></del>				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ME EET ADDRESS '-ST-ZIP						•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	_							☐ Change	Addition	
TITLE NAME		☐ Delete	TITL	AE.						Change	Addition	
STREET ADDRESS				EET ADDRESS (-St-Zip					•			
CITY-ST-ZIP					-					☐ Change	Addition	
TITLE NAME		☐ Delete	TITL NAN							опапус		
STREET ADDRESS	<del></del>		· STR	eet-address					·	-		
CITY-ST-ZIP				r-St-ZIP	<u> </u>							
12. I hereby of indicated	certify that the information supplied with this on this report of supplemental report is tru	filing does not qualify fo and accurate and that	or the exe my signa	emption sta	ted in Secti	on 119.07(3)(i ne legal effect	), Florida St t as if made	atutes. I under o	further cert ath; that I a	ify that the iman officer	information r or director or Block 11 if	

SIGNATURE:

2-11-03 407-6281641

90025147

## attachment Doc# PO10000 77594

### Frank J. Guida - Certified Public Accountant

Frank J. Guida C.P.A., P.A.

500 No. Maitland Avenue, Suite 215 P. O. Box 941708 Maitland, Florida 32794-1708 Phone (407) 539-0031-Fax (407) 975-6515

ALLEGRIA WINE BAR CUCINA							
ORM - CORPORATION ANNUAL REPORT FOR 2003							
A signature and date are required on Page 1 of the return.							
( ) No payment is due.							
(X) A check in the amount of \$\_150.00\$ payable to "Florida Department of State.  On your check type your Federal Identification number and the phrase "Uniform Business Report fee for the year 2003"							
DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FLORIDA 32302-1500							
APRIL 30, 2003 .							
ST THAT CERTIFIED MAIL BE USED							