**FILED** 

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

## Apr 17, 2003 8:00 am Secretary of State P01000084102 DOCUMENT # 04-17-2003 90604 001 \*\*\*150.00 1. Entity Name THE RESTAURANT WANTS YOU, INC. Principal Place of Business Mailing Address 1042 SOUTH MIAMI AVENUE 1042 SOUTH MIAMI AVENUE MIAM! FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INTERNATIONAL REGISTERED AGENTS CORP. Street Address (P.O. Box Number is Not Acceptable) 338 MINORCA AVENUE CORAL GABLES FL 33134 City 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. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition TITLE DOINO, TONINO NAME NAME STREET ADDRESS 1042 SOUTH MIAMI AVENUE STREET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change TITLE ☐ Addition TITLE SALIAMONAS, PETER NAME NAME 1042 SOUTH MIAMI AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33130 CITY-ST-ZIP TITLE Detete - ~~· TITLE Change Addition-DOINO, PAOLO NAME NAME STREET ADDRESS 1042 SOUTH MIAMI AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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

NAME

STREET ADDRESS

CITY-ST-ZIP

Addition