

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90156 039 ***158.75

DOCUMENT # P01000101073

Entity Name
ANTONE'S PANINOS & PASTA OF FLORIDA, INC.

Principal Place of Business

**966 BAYSHORE DR.
 ENGLEWOOD FL 34223**

Mailing Address

**1866 BAYSHORE DR.
 ENGLEWOOD FL 34223**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1766 S. Tamiami Tr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

4. FEI Number

65-1145445

Applied For

Not Applicable

Zip

34293

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BOUNPANE, RICHARD
 1866 BAYSHORE DR.
 ENGLEWOOD FL 34223**

Name Correction →

7. Name and Address of New Registered Agent

Buonpane, Richard

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME STREET ADDRESS CITY-ST-ZIP	D BUONPANE, RICHARD 1866 BAYSHORE DR. ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY-ST-ZIP	D SCIANNA, ROSS 1866 BAYSHORE DR. ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

Richard Buonpane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/02
 Date

Daytime Phone #

CR2E034 (9/01)