

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90485 010 ***150.00

DOCUMENT # P01000111 308

1. Entity Name

Italianos Cuisine, Corp.

Principal Place of Business

Mailing Address

2. Principal Place of Business

14 NE 1 Ave

3. Mailing Address

14 NE 1 Ave

Suite, Apt. #, etc

STE 200

Suite, Apt. #, etc

STE 200

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33132

Country

U.S.

Zip

33132

Country

U.S.

4. FEI Number

65-1154391

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

 9. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE PD
 NAME Torres-Hernandez, Isabel
 STREET ADDRESS 800 S.W. 8 ST Apt 8-423
 CITY-ST-ZIP Miami, FL 33126
☒ Delete
 TITLE VP
 NAME Bustos, Sergio A
 STREET ADDRESS 9760 S.W. 184 ST Apt 10-B
 CITY-ST-ZIP Miami, FL 33157
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
 TITLE PD
 NAME Facchinetti, Valeria N.
 STREET ADDRESS 9760 S.W. 184 ST Apt 10-B Miami, FL 33157
☐ Change ☒ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 attached amendment, with an address, will, or power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date Phone



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attachment
Document #

P01000111308

869394

May 22, 2002

ITALIANOS CUISINE, CORP.
14 N.E. FIRST AVENUE
SUITE 200
MIAMI, FL 33132

Subject: ITALIANOS CUISINE, CORP.

Reference Number: P01000111308

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AA

ANNUAL REPORTS SECTION