

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 007 ***150.00

0211224 AV

DOCUMENT # P02000011245

1. Entity Name
ITALIAN HOUSE, INC.



Principal Place of Business
755 NW 72ND AVENUE PLAZA 6
MIAMI FL 33126

Mailing Address
755 NW 72ND AVENUE PLAZA 6
MIAMI FL 33126



2. Principal Place of Business

755 NW 72 AVE

3. Mailing Address

755 NW 72 AVE

Suite/Apt. #, etc.

PLAZA 6

Suite/Apt. #, etc.

PLAZA 6

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

010596694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIRALDI, RAFFAELE
11136 NW 72ND TERRACE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **PAOLO SCHIRALDI**

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

755 NW 72 AVE # 6

City

MIAMI

FL

Zip Code

33126

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.

PAOLO SCHIRALDI - PRES 04-30-03

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	SCHIRALDI, RAFFAELE	
STREET ADDRESS	755 NW 72ND AVENUE PLAZA 6	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SCHIRALDI RAFFAELE	
STREET ADDRESS	755 NW 72 AVE - PLAZA 6	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIRALDI, PAOLO	
STREET ADDRESS	755 NW 72 AVE - PLAZA 6	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

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

04-30-03

Date

Daytime Phone #

CR2E034 (10/02)