FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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04 MAR -3 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Baldino's Restaurant, Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1970 E US Hwy I Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta FL	City & State
Zip: 33469 Country	Zip Country

4. FEI Number: 32-0015064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sal Baldino
Street Address (P.O. Box Number is Not Acceptable): 204 Park Place
City: Jupiter FL Zip Code: 33458

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 Pres NAME Sal Baldino STREET ADDRESS 204 Park Place CITY-ST-ZIP Jupiter FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12-22-03 561 743-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sal Baldino

561-

Baldino's Restaurant
19708 US Highway 1
Tequesta, Fl
561-743-4224

To Department of State

I did not receive the forms in the mail to file.
My account told me to call.
I call and told to get forms off the web site but I could not find them and got forms from him.
Being a new business in Florida, did not know about the forms.
We have paid all ours taxes up to date.

Sorry for this problem.

Thanks,
Sal Baldino