

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90327 032 ***150.00

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DOCUMENT # P02000077157

1. Entity Name
EQUIPE RESTAURI, INC.



Principal Place of Business
~~710 WASHINGTON AVE. STE 5~~
MIAMI BCH FL 33139

Mailing Address
~~710 WASHINGTON AVE. STE 5~~
MIAMI BCH FL 33139

11030268



2. Principal Place of Business
150 SE 2nd Avenue

3. Mailing Address
150 SE 2nd Avenue

Suite Apt. # etc
suite 1010

Suite Apt. # etc
suite 1010

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida 33131

City & State
Miami, Florida 33131

4. FEI Number
68-0520269

Applied For

Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

6. Name and Address of Current Registered Agent

BOLOGNA, STEFANIA ESQ.
710 WASHINGTON AVE. STE 5
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
150 SE 2nd Avenue, Suite 1010

City
Miami

FL

Zip Code
33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-29-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BORGIA, BRUNO**
STREET ADDRESS **711 5 ST STE 321**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **D/P/T/S** ☐ Change ☐ Addition
NAME **BORGIA, BRUNO**
STREET ADDRESS **150 SE 2nd Avenue, #1010**
CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☐ Addition
NAME **MARROCCHI, FRANCESCO**
STREET ADDRESS **150 SE 2nd AVENUE, #1010**
CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Stefania Bologna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 305-379-7676

Date

Daytime Phone

CR2E034 (10/02)