

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91778 029 ***150.00

0425226 AV

DOCUMENT # P02000078337

1. Entity Name

~~BUONO, JAMES T~~

NONNA'S CAFE, INC.



Principal Place of Business

111 CUYAHOGA ROAD
LAKE WROTH FL 33467
US

Mailing Address

111 CUYAHOGA ROAD
LAKE WROTH FL 33467
US

11041100



2. Principal Place of Business

1136 E ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Address

1136 E ATLANTIC AVE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

DeLRY Beach FL

City & State

DeLRY Beach FL

4. FEI Number

☒ Applied For

☒ Not Applicable

Zip 33483

Country USA

Zip 33483

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUONO, JAMESSETTA T
111 CUYAHOGA ROAD
LAKE WORTH FL 33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-03

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

TITLE P ☐ Delete
NAME BUONO, JAMESSETTA T
STREET ADDRESS 111 CUYAHOGA ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VP ☐ Delete
NAME BUONO, TERESA M
STREET ADDRESS 111 CUYAHOGA ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Jamesetta T Buono
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-2003

CR2E034 (10/02)