

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087191

1. Entity Name
PICCHI'S 88 RISTORANTINO, INC.



Principal Place of Business
88005 OVERSEAS HWY.
ISLAMORADA FL 33036

Mailing Address
88005 OVERSEAS HWY.
ISLAMORADA FL 33036

FILED

03 NOV 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1621858

Applied For

Not Applied

Zip

Country

Zip

Country

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

RODRIGUEZ, RAUL M
88005 OVERSEAS HWY.
ISLAMORADA FL 33036

Name

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

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

Signature (Typed or printed name of registered agent and title if applicable)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RODRIGUEZ, RAUL H
STREET ADDRESS 6517 SW 113TH CT.
CITY-STATE-ZIP MIAMI FL 33173

TITLE SD
NAME RODRIGUEZ, MARIA L
STREET ADDRESS 6517 SW 113TH CT.
CITY-STATE-ZIP MIAMI FL 33173

TITLE
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CITY-STATE-ZIP

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CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCTOBER 31, 2003

DIVISION OF CORPORATIONS
ANNUAL REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

RE: ~~PICCHI'S 88 RISTORANTINO, INC.~~
P02000087191
2003 ANNUAL REPORT

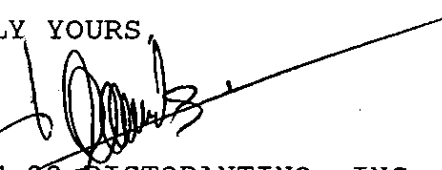
GENTLEMEN:

PLEASE BE ADVISED THAT YOUR CORRESPONDENCE DATED JULY 23,
2003 WITH REFERENCE TO OUR ANNUAL REPORT FILED LATE WAS
NEVER RECEIVED IN OUR OFFICE.

PLEASE ACCEPT THIS PAYMENT OF \$400.00 TO COMPLETE YOUR FEE
OF \$550.00 FOR FILING LATE. YOU ALREADY HAVE THE CHECK FOR
\$150.00 THAT WAS MAILED TO YOU ON JULY 15, 2003.

WE WILL APPRECIATE ANY CONSIDERATION YOU OFFICE CAN GRANT
US IN REINSTATING OUR CORPORATION.

SINCERELY YOURS



PICCHI'S 88 RISTORANTINO, INC.
RAUL RODRIGUEZ, PRESIDENT