

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-03-2003 90849 016 ***150.00

DOCUMENT # P02000108239

1. Entity Name
BILOTTI'S ABACOA RESTAURANT, INC.



Principal Place of Business
**8045 LA FONTANA BLVD
SUITE B-1
BOCA RATON FL 33434**

Mailing Address
**8045 LA FONTANA BLVD
SUITE B-1
BOCA RATON FL 33434**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMON, SIGALOS & SPYREDES, PA
120 EAST PALMETTO PARK ROAD
100
BOCA RATON FL 33432**

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTS
BILOTTI, JOSEPH J
8045 LA FONTANA BLVD, SUITE B-1
BOCA RATON FL 33434** ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date

Daytime Phone #

CR2E034 (10/02)

Allaument

SS0242660
P02000108239

April 2, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Annual Reports Section

Per my conversation with your office this morning, the enclosed paperwork has been marked appropriately. The instructions were to mark the box not applicable and return.

This particular corporation has been administratively dissolved. However, we would like to keep the name on record to avoid reinstating if necessary in the future.

Sincerely,

JL Bilotti
Joseph J. Bilotti