

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90098 047 ***158.75

DOCUMENT # P92000011876

1. Entity Name

IRPINIA KITCHENS OF THE PALM BEACHES, INC.



Principal Place of Business

**11585 U.S. HWY. ONE
STE. 306
N. PALM BCH. FL 33408
US**

Mailing Address

**11585 U.S. HWY. ONE
STE. 306
N. PALM BCH. FL 33408
US**

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

65-0412135

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

**GUGLIELMO, MARIO
196 PAR DR.
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name

ENZO GUGLIELMO

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

11585 U.S. HWY. ONE, SUITE 306

City

NORTH PALM BEACH

FL

Zip Code

33408

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

ENZO GUGLIELMO DIRECTOR

DATE

1/22/03

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☒ Delete
NAME **MARCANTONIO, FELICE**
STREET ADDRESS **196 PAR DR.**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE **VP** ☐ Delete
NAME **GUGLIELMO, MARIO**
STREET ADDRESS **196 PAR DR.**
CITY-ST-ZIP **ROYAL-PALM BEACH FL**

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 **DIRECTOR** ☐ Change ☒ Addition
NAME **ENZO GUGLIELMO**
STREET ADDRESS **11585 U.S. HWY. ONE, SUITE 306**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **MARIO GUGLIELMO**
STREET ADDRESS **11585 U.S. HWY. ONE, SUITE 306**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED ENZO GUGLIELMO

Date

1/22/03

Daytime Phone #

561-627-5400

CR2E034 (10/02)