Apr 12, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000032939

1. Corporation Name

ROBOLI RISTORANTE & PIZZERIA, INC.

| 110000. | | | | | | | | | |
|-----------------------------|---|-----------------------------|------------------------|------------------|----------------|--|---------------------------------------|-----------------|---------------|
| Principal Place of Business | | Mailing Address | | | | , | | | |
| 2901 CLINTMOO | ORE RD | 9045 LA FONTANA BLVD | | | | | | | |
| #3 | C1 00404 | B20 BOCA BATON 22 22424 | | | | DO NOT WRITE IN THIS SPACE | | | |
| BOCA RATON FL 33431 US | | BOCA RATON 33 33434 US | | | - | 3. Date Incorporated or Qualifed | | | |
| 03 | | | | | | 05/04/1993 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | 2 | . בא כה | | 4. FEI Number | | <u> </u> | oplied For |
| 21 | | 26 4045 La | tontar | 1alon | 0 | 65-0408334 | | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Des | ired 🗌 | | Additional |
| 22 | | 27 5 | | | | | • | | equired |
| City & State | a | City & State | ~ 1-1-X | ~~~ | وتجت | 6. Election Campaign Fina | | | May Be === |
| 23 | | 28 600 CA K | will the | トレ | | Trust Fund Contribution | | | to Fees |
| Zip ` | Country | - Zip 2121 | Count | OB. | | 8. This corporation owes t | he current year Inta | angible XYes | □No |
| 24 | 25 | 29 22974 | 30 | 17 | | Personal Property Tax. O. Name and Address of | New Denistered | | |
| | 9. Name and Address of Current | Registered Agent | 9 | 1 Name | | IU. Name and Address of | · · | agont | |
| BILOTTI, JOSEPH | | | | | 1054 | 201 104 Agr | <u> </u> | *** | |
| 19914 VILLA LANTE PLACE | | | 8 | 2 Street | Address | (P.O. Box Number is Not A | Acceptable) | | |
| BOCA RATON FL 33434 | | | . 8 | 2 0 | | | <u> </u> | | |
| 500 | | | · ° | 140 | 745 | la Fontana | BIVA | B- | 1 |
| | | | 8 | 4 Cip | ~ ~ | 001-04 | FL | 85 Zig | 5209C2V |
| | | | | \perp ℓO | vco | Watture distance | | changing its | registered |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o | f Florida. Such change was | authorized b | y the corp | orporation's | board of directors. I hereby | y accept the appoir | ntment as re | egistered |
| agent. I a | m familiar with, and accept the obligati | ons of, Section 607.0505, F | lorida Statute | s. | | | | | |
| SIGNATURE | | | | | | | DATE | | |
| | Signature, typed or printed name of registered agent | | TE: Registered A | jent signature i | required who | ADDITIONS/CHANGES | | D DIRECTO | ORS IN 12 |
| 12. | PVTS OFFICERS AND | DELETE | 1.1 TITLE | | TOVI | 5 | TO OFFICERO AIR | Change | Addition |
| TITLE | BILOTTI, JOSEPH | C official | 1.2 NAM | _ | loca | ends Billion | _ | | _ |
| NAME | 19914 VILLA LANTE PLACE | | | ET ADDRESS | ONI | s la Fontanou | BIVA B- | 1 | |
| STREET ADDRESS | BOCA RATON FL 33434 | | | | 125 | Ca Putna F | J 3343 | 4 | |
| CITY-ST-ZIP | - <u>-</u> | ☐ DELETE | 1.4 CITY 2.1 TITLE | | 18" | ca pulle , | | Change | Addition |
| TITLE | D DI OTTI MOCEDII | | | | Inc | en Bilas | | — " | |
| NAME | BILOTTI, JOSEPH | | 2.2 NAM | | Son. | is la Francisco | -a Bival | 21 | İ |
| STREET ADDRESS | 19914 VILLA LANTE PLACE | | | ET ADORESS | 7 | 75 (D) (D) (D) | 33 | 1124 | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | . DELETE | 2. 4 CITY 3.1 TITLE | | 100 | car rasan | | 7 Change | ☐ Addition |
| TITLE | | L'I DECETE | 3.1 ISTU | | 1 | | | | |
| NAME | | | | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | <u>'</u> | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY 4.1 TITLE | | | | | Change | Addition |
| TITLE | | □ occent | | | | | | | |
| NAME | | | 4. 2 NAV | | . | | | | |
| STREET ADDRESS | | | | EET ADDRESS | ` | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | | | | · · · · · · · · · · · · · · · · · · · | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 5.1 TIYU 5.2 NAM | | | | | | |
| NAME | | | | | .[| | | | |
| STREET ADDRESS | | | | ET ADDRESS | 1 | | | | |
| CITY-ST-ZIP | | □ pc: crc | 5.4 CITY 6.1 TITU | | - | | | ☐ Change | Addition |
| TITLE | 1 | ☐ DELETE | 6.1 HILL 6.2 NAM | | | | | C Suggige | |
| NAME ` | | | | | | | | | |
| PERCENT ADDRESS | l . | | ■ DJSIR | ET ADDRESS | 10 | | | | |

CITY-ST-ZIP -14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS