

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060029

1. Entity Name

GINO'S PIZZA & PASTA, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90081 020 ***150.00

Principal Place of Business

43 ALAFAYA WOODS BLVD
ORLANDO FL 32785

Mailing Address

43 ALAFAYA WOODS BLVD
ORLANDO FL 32785-6239

AMALEI ITALIAN RESTAURANT

2. Principal Place of Business

523 S. CHICASAW TRAIL

3. Mailing Address

523 S. CHICASAW TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32825

Country

USA

Zip

32825

Country

USA

4. FEI Number

59-3196920

Applied For

Not Applicable

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

DARIDO, NAGIB G
14991 FAVERSHAM CIR
ORLANDO FL 32826

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

NAGIB G. DARIDO
PRESIDENT

MAR. 6th, 2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME NAGIB G. DARIDO,
STREET ADDRESS 14991 FAVERSHAM CIR.
CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete

TITLE VP
NAME RAFFAELE BIANCO
STREET ADDRESS 4596 CANARD RD.
CITY-ST-ZIP MELBOURNE, FL 32934 ☐ Change ☒ Addition

TITLE VP
NAME ROSA B. DARIDO,
STREET ADDRESS 14991 FAVERSHAM CIR.
CITY-ST-ZIP ORLANDO FL 32826 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAGIB G. DARIDO
PRESIDENT

DATE

FEB 1st, 2000

Daytime Phone #

(407) 282-6283

CR2E034 (9/99)