

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060029

1. Entity Name

GINO'S PIZZA & PASTA, INC.

Principal Place of Business

AMALFI ITALIAN RESTAURANT
523 S. CHICASAW TRAIL
ORLANDO FL 32825
US

Mailing Address

AMALFI ITALIAN RESTAURANT
523 S. CHICASAW TRAIL
ORLANDO FL 32825
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 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 RAFFAELE BIANCO

Street Address (P.O. Box Number is Not Acceptable) 523 S CHICASAW TRAIL

City Orlando

FL

Zip Code 32825

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 

RAFFAELE BIANCO

2-12-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE P
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 ☐ 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

Date

Daytime Phone #

RAFFAELE BIANCO

2-12-01



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)