

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90099 016 ***163.75

DOCUMENT # P93000063383

1. Entity Name

CO. TI. RESTAURANTS USA, INC.

Principal Place of Business

**2419 SOUTH HIAWASEE ROAD
 SUITE 202
 ORLANDO FL 32835
 US**

Mailing Address

**2419 SOUTH HIAWASEE ROAD
 SUITE 202
 ORLANDO FL 32835
 US**

2. Principal Place of Business

**900 E. WASHINGTON ST
 Suite, Apt. #, etc.**

3. Mailing Address

**900 E. WASHINGTON ST.
 Suite, Apt. #, etc.**

City & State

ORLANDO, FL.

City & State

ORLANDO FL.

Zip

32801

Country

US

Zip

32801

Country

US

4. FEI Number

59-3211277

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORTELETTI, GIULIANO
 2419 SOUTH HIAWASEE ROAD
 SUITE 202
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

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 **CORTELETTI GIULIANO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-2001

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CORTELETTI, GIULIANO	
STREET ADDRESS	2419 SOUTH HIAWASEE ROAD	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTELETTI, INGEBORG	
STREET ADDRESS	2419 SOUTH HIAWASEE ROAD	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTELETTI, MICHAEL	
STREET ADDRESS	2419 SOUTH HIAWASEE ROAD	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTELETTI, GIULIANO	
STREET ADDRESS	7340 WEST POINTE BLVD # 336	
CITY-ST-ZIP	ORLANDO, FL. 32835	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTELETTI, INGEBORG	
STREET ADDRESS	7340 WEST POINTE BLVD # 336	
CITY-ST-ZIP	ORLANDO, FL. 32835	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTELETTI, MICHAEL	
STREET ADDRESS	7340 WEST POINTE BLVD. # 336	
CITY-ST-ZIP	ORLANDO FL, 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-2001 - 407-425-0033

CR2E034 (10/00)