

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 91018 019 ***155.00

DOCUMENT # P93000063383

1. Entity Name
CO. TI. RESTAURANTS USA, INC.



Principal Place of Business

900 E WASHINGTON ST
ORLANDO, FL 32801 US

Mailing Address

900 E WASHINGTON ST
ORLANDO, FL 32801 US

2. Principal Place of Business

1325 W Colonial Dr
Suite, Apt. #, etc.

3. Mailing Address

1325 W Colonial Dr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3211277

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORTEILETTI, GIULIANO
7340 WESTPOINTE BLVD. #336
ORLANDO, FL 32336

7. Name and Address of New Registered Agent

Name

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

1325 W Colonial Dr

City

Orlando

FL

Zip Code
32804

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD CORTELLETTI, GIULIANO 7340 WESTPOINTE BLVD #336 ORLANDO, FL 32836	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTELLETTI, INGEBORG 7340 WESTPOINTE BLVD #336 ORLANDO, FL 32836	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTELLETTI, MICHAEL 7340 WESTPOINTE BLVD #336 ORLANDO, FL 32836	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1325 W Colonial Dr Orlando FL 32804	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-2003

Date

Daytime Phone #

CR2E034 (10/02)