

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017029

1. Entity Name
CHEF PINO, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90026 007 ***150.00

Principal Place of Business
530 HIGHWAY 41 BYPASS S.
18A SUITE
VENICE FL 34292
US

Mailing Address
355 SOUTH CREEK COURT
OSPREY FL 34229

000044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 530 HIGHWAY 41 BYPASS S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State VENICE FL	
Zip	Country	Zip	Country
34292		34292	SARASOTA

4. FEI Number	65-0475007	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CIRILLO, JOSEPH
355 SOUTH CREEK COURT
OSPREY FL 34229

7. Name and Address of New Registered Agent	
Name	CIRILLO, JOSEPH
Street Address (P.O. Box Number is Not Acceptable)	530 HIGHWAY 41 BYPASS S.
City	VENICE
State	FL
Zip Code	34292

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 Joseph Cirillo JOSEPH CIRILLO, Pres 1-9-01
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	
TITLE	D
NAME	CIRILLO, JOSEPH
STREET ADDRESS	355 SOUTH CREEK COURT
CITY-ST-ZIP	OSPREY FL 34229
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP
NAME	CIRILLO, JOSEPH
STREET ADDRESS	530 HIGHWAY 41 BYPASS S.
CITY-ST-ZIP	VENICE FL 34292
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Cirillo JOSEPH CIRILLO, Pres 1-9-01 941-484-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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