

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 68-00-060977-085

1. Entity Name

CHEF PINO INC
PASTA HOUSE VENICE

P94000017029



FILED

03 APR -8 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200015477912
01/08/03--01072--025 **158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

149 VENICE PALMS BLVD

3. Mailing Address

149 VENICE PALMS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE FLORIDA

City & State

VENICE FLORIDA

Zip

34292-2447

Country

U.S.A

Zip

34292

Country

U.S.A

4. FEI Number

65-0475007

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOSEPH CIRILLO

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

149 VENICE PALMS BLVD

City

VENICE

FL

Zip Code

34292-2447

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 S/D/US/VTD/P/T/ OWNER (ALL) any one
NAME JOSEPH CIRILLO
STREET ADDRESS 149 VENICE PALMS BLVD
CITY-ST-ZIP VENICE FL 34292-2447

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Cirillo

JOSEPH CIRILLO PRESIDENT/OWNER

4-3-03

11.45

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)