

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90176 001 ***150.00

652631



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000072994

1. Entity Name
EMILIO'S PIZZA & PASTA CAFE, INC.

Principal Place of Business

Mailing Address

18690 N.W. 67 AVE.
 MIAMI FL 33015
 US

8237 N.W. 200 TERR.
 MIAMI FL 33015-2406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI LAKES, FL.

4. FEI Number 65-0524770

Applied For
 Not Applicable

Zip

Country

Zip

Country

33015 USA

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

GONZALEZ, CAROL
 8237 N.W. 200TH TERR
 MIAMI FL 33015

Gonzalez, Carol
 6754 NW 187 Ter.
 HIALEAH, FL 33015

Name

Street Address

City

HIALEAH

FL

Zip Code

33015

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 *Carol Gonzalez* (NOTE: Registered Agent signature required when reinstating)

DATE 4-19-00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, CAROL A 8237 N.W. 200 TERR MIAMI FL 33015	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6754 NW 187 Ter Hialeah, FL 33015	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: *Carol Gonzalez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 3056260020
 Date Daytime Phone #