

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90135 026 ***150.00

DOCUMENT # P95000031069**1. Entity Name**
EMPIRE DINER, INC.**Principal Place of Business**
6050 BABCOCK ST. SE. UNIT 4
PALM BAY FL 32907**Mailing Address**
6050 BABCOCK ST. SE. UNIT 4
PALM BAY FL 32907**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3309021**Applied For
Not Applicable

Zip

Country

Zip

Country

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****DIPENTIMA, ANGELA**
898 ONTARIO ST NW
PALM BAY FL 32907

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. 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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **PENTIMA, V**
STREET ADDRESS **898 ONTARIO ST NW**
CITY-ST-ZIP **PALM BAY FL 32907****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **DIPENTIMA, ANGELA**
STREET ADDRESS **898 ONTARIO ST NW**
CITY-ST-ZIP **PALM BAY FL 32907****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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 all other like empowered.****SIGNATURE:** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

ANGELA DIPENTIMA
898 ONTARIO ST NW
PALM BAY, FL. 32907
321 723 7060

Attachment
B0189925

JULY 8, 2002

DIVISION OF CORPORATION
PO BOX 1500
TALLAHASSEE, FL. 32314

RE: EMPIRE DINER INC.

~~59 3309021~~

DOCUMENT # P95000031069

GENLTENEN:

PLEASE FIND ENCLOSED MY 2002 UNIFORM BUSINESS REPORT. I
RESPECTFULLY REQUEST YOUR FORBEARANCE FOR MY LATE FILING, BUT
I NEVER RECEIVED AN ANNUAL REPORT.

VERY TRULY YOURS,
EMPIRE DINER INC.

ANGELA DIPENTIMA

