

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

1/16/

01-16-2003 90093 042 ***150.00

DOCUMENT # P95000055122

1. Entity Name

MARIO CITY RESTAURANT CORPORATION



Principal Place of Business

513 FLEMING ST

4

KEY WEST FL 33040

US

Mailing Address

P O BOX 308

KEY WEST FL 33041

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0600241

Applied For

Not Applicable

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME PS
DIMITRI, KAVOURA
STREET ADDRESS 513 FLEMING STREET SUITE 4
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME VPT
HALPREN, MICHAEL
STREET ADDRESS 209 DUVAL STREET
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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 like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

Daytime Phone #

Attachment

SS009441

P95000055122

**MARIO CITY RESTRAURANT
CORPORATION**

P.O. BOX 308 , KEY WEST , FLORIDA 33040.....305-292-1744

Florida Department of State
Division of Corporations
P.O. Box 1500

~~Tallahassee, Florida 32302-1500~~

Thursday, February 13, 2003

Subject: **MARIO CITY RESTRAURANT CORPORATION**

Reference Number : P 95000055122

Your letter dated January 23,2003

Enclosed you will find a revised copy of our annual report /
uniform business report.

As you requested , in your letter of January 23,2003, the report has
been changed (corrected) to include a the street address of the
registered agent.

If there are any additional questions or you need further assistance,
please do not hesitate to contact us.

Walter Stiedler

Mario City Corporation
Asst Bookkeeper