

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082120

1. Entity Name

BERNINI OF YBOR, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90004 035 ***150.00

Principal Place of Business

Mailing Address

C00176

1702 E 7TH AVE
TAMPA FL 33605
US

P.O. BOX 76849
TAMPA FL 33675-1849
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3340085

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

LUBRANO, ANDREW J
101 EAST KENNEDY BLVD.
SUITE 3700 BARNETT PLAZA
TAMPA FL 33602

Name

FRANK DE LA GRANA

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

1710 E. 7TH AVENUE

City

TAMPA

FL

Zip Code

33605

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

Signature, typed or printed name of registered agent and title if applicable.

FRANK DE LA GRANA

(NOTE: Registered Agent signature required when reinstating)

1/26/00

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, 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	DP	☐ Delete
NAME	DE LA GRANA, FRANK	
STREET ADDRESS	1710 E SEVENTH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	☐ Delete
NAME	CANASI, SIMON	
STREET ADDRESS	201 N FRANKLIN ST 35TH FLOOR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ Delete
NAME	GONZALEZ-ROEL, JULIO	
STREET ADDRESS	2910 N. SHOREVIEW PL	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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

1/26/00

Date

813-248-0099

Daytime Phone #

CR2E034 (9/99)