

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049279

1. Entity Name

FIGARO'S, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90033 027 ***150.00

Principal Place of Business

Mailing Address

3990 SHERIDAN STREET 3531 GRIFFIN RD 7171 VICTORIA CIRCLE
#104 2000 BRADENTON, FL.
HOLLYWOOD FL 33021 FT. LAUDERDALE, FL. 33420
US.

2. Principal Place of Business

3. Mailing Address

3531 Griffin Rd

7171 Victoria Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ft. Lauderdale, FL.

Bradenton, FL.

City & State

City & State

4. FEI Number

65-0681773

Applied For

Not Applicable

Zip

33312

Country

Zip

34201

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

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.

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 \$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	PD	<input type="checkbox"/> Delete
NAME	FICARROTTA, PETER	
STREET ADDRESS	3990 SHERIDAN ST. #104	
CITY-ST-ZIP	7171 HOLLYWOOD FL 33021	
TITLE	SVTD	<input type="checkbox"/> Delete
NAME	FICARROTTA, DOROTHY	
STREET ADDRESS	3990 SHERIDAN ST. #104	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICARROTTA, PETER	(ADDRESS)
STREET ADDRESS	7171 VICTORIA CIRCLE	
CITY-ST-ZIP	BRADENTON, FL. 34201	
TITLE	SVTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICARROTTA, DOROTHY	(ADDRESS)
STREET ADDRESS	7171 VICTORIA CIRCLE	
CITY-ST-ZIP	BRADENTON, FL. 34201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DOROTHY FICARROTTA

2/28/00

941-358-6647

CR2E034 (9/99)