

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-28-2002 90349 029 ***158.75

DOCUMENT # P96000072661

1. Entity Name

B & A RESTAURANT, INC.

Principal Place of Business

Mailing Address

~~1538 STICKNEY POINT ROAD~~ **4155 SOUTH TAMIAMI TR.**
 SARASOTA FL 34231

~~1538 STICKNEY POINT ROAD~~ **4155 SOUTH TAMIAMI TR.**
 SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

4155 SOUTH TAMIAMI TR.

4155 SOUTH TAMIAMI TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA

SARASOTA

City & State

City & State

SARASOTA

SARASOTA

Zip

Country

Zip

Country

34231

SARASOTA

34231

SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EUGENIO ANTONIO~~
~~112 DE GAS DRIVE~~
~~NOKOMIS FL 34275~~

DELETE

Name **BRUNO PASQUALI PRES.**

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

4155 SOUTH TAMIAMI TR.

SARASOTA

City

SARASOTA

FL

Zip Code

34231

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]

BRUNO PASQUALI PRES. V. PRES. S.T.

4/18/02

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, 2002 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 **PT**
 NAME **PASQUALI, BRUNO**
 STREET ADDRESS **1538 STICKNEY POINT ROAD**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPS**
 NAME **EUGENIO, ANTONIO**
 STREET ADDRESS **1538 STICKNEY POINT ROAD**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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)(l), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNO PASQUALI PRES.

3/15/02 941 929-7900

Date

Daytime Phone

CR2E034 (9/01)