

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086318

1. Entity Name

STALLONE'S MARKETPLACE & CAFE, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90053 002 ***150.00

Principal Place of Business

Mailing Address

410 KNIGHTS RUN AVENUE
TAMPA FL 33602
US

410 KNIGHTS RUN AVENUE
TAMPA FL 33602-5714
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 **59-3406612**

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

YAMAN, ELIAS
410 KNIGHTS RUN AVE
TAMPA FL 33602

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 ☒ Delete
NAME STALLONE, VITO
STREET ADDRESS 7148 VIA PALOMAR
CITY-ST-ZIP BOCA RATON FL

TITLE VPD ☒ Delete
NAME STALLONE, JOSEPH
STREET ADDRESS 3826 NORBURY CT
CITY-ST-ZIP ORLANDO FL

TITLE VPTD ☒ Delete
NAME STALLONE, WILLIAM
STREET ADDRESS 4807 WINGROVE BLVD
CITY-ST-ZIP ORLANDO FL

TITLE SD ☒ Delete
NAME STALLONE, ROBERT
STREET ADDRESS 608 TROPICAL BREEZE WAY
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P. ☒ Change ☒ Addition
NAME ELIAS YAMAN
STREET ADDRESS 410 Knights Run Ave.
CITY-ST-ZIP Tampa, FL. 33602

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

Date

Daytime Phone #

3-20-00

CR05031 10/000