

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016388

1. Entity Name

Ristorante Roma, Inc.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90044 014 ***150.00

Principal Place of Business

Mailing Address

c/o Law Offices of Ernest Seemann, Esq.
Suite C
Cape Coral, FL 33904

c/o Law Offices of Ernest
Suite C
Cape Coral, FL 33904

2. Principal Place of Business

1105 Cape Coral Pkwy.

Suite, Apt. #, etc.

Suite C

City & State

Cape Coral, FL

Zip

33904

Country

USA

3. Mailing Address

1105 Cape Coral Pkwy.

Suite, Apt. #, etc.

Suite C

City & State

Cape Coral, FL

Zip

33904

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0754136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Ernest A. Seemann, Esq.
1105 Cape Coral Pkwy., East
Suite C
Cape Coral, FL 33904

7. Name and Address of New Registered Agent

Name
Christine F. Wright
Street Address (P.O. Box Number is Not Acceptable)
1105 Cape Coral Pkwy E., Suite C
City
Cape Coral FL Zip Code
33904

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

4/2/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
Lorch, Marcel
1932 Savona Parkway
Cape Coral, FL 33904

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 #

4-18-00 (94) 823-5000