

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P97000030693*

1. Entity Name

PORTOFINO Italian CAFE, Inc.



**FILED
Apr 10, 2003 8:00 am
Secretary of State**

04-10-2003 90114 022 ***150.00

70036578

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

401 BISCAYNE Blvd. S204

City & State

Miami, FLA.

Zip

33132

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

2601 Hollywood Blvd

City & State

Hollywood, FL.

Zip

33020

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0825754

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

President

NAME

Barney N. Weinkle

STREET ADDRESS

2601 Hollywood Blvd.

CITY-ST-ZIP

Hollywood, FL 33020

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03

954-926-0481

Date

Daytime Phone #

CR2E034B (12/02)