## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000048027

1. Entity Name

SPOTO RESTAURANT CORPORATION



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90311 049 \*\*\*150.00

 1		
}		

	•	•				100	E TREE					
Principal Place of Business 125 DATURA STREET WEST PALM BEACH FL 32401		Mailing Address 125 DATURA STREET WEST PALM BEACH FL 32401				1						
2. Principal Place of Business 3. Mailing A			ing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number 65-0760758 Applied Fo Not Applied					
Zip Country		Zip	Zip Country			5. Certificate of Status Desired						
6. Name and Address of Current Registered Agent			_			7. N	lame and Address of New Reg	istered A	ent			
				· · · · · · · · · · · · · · · · · ·		Name						
SPOTO, JOHN				٠.	Street Address (P.O. Box Number is Not Acceptable)							
120 S. OLIVE AVE., STE 202												
WEST PAL	M BEACH I	L 33401										
						City				FL	Zip Code	e
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 .		or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	1 Agent signat	ture required s	when rei	instating)	DATE		
	·			т								
Afte	r May 1, 200	! FEE IS \$150.00  3 Fee will be \$550.00   Florida Department o	f State						Election Campaign Finan Trust Fund Contribution.	cing		<b>0</b> May Be to Fees
10.		OFFICERS AND			14				DITIONS/CHANGES TO OFFICE		NOCOTOR	NINI 314
<del></del>	PVD	OFFICERS AND	DIRECTO	<del></del>	11.		pres					
		ALM .		☐ Delete	TITLE				Spoto	ر	Change	☐ Addition
NAME SPOTO, JOHN STREET ADDRESS 651 OKEECHOBEE BLVD., APT 810				ET ADDRESS	John	, ε.,	renna St # 909	5		}		
		M BEACH FL 33401	10		- 8	ST-ZIP						- 1
G11-31-21F	WEST PAL	VI DEACHTE 33401			CITT-	31-715	west	- 00	Palm Beach, fl 33	101		
TITLE	S			Delete	TITLE		VIOL	Pit	esiaerii		Change	☐ Addition
	DALY, ELLI				NAME		Ellen	, m	. Daly 130th Ave No		-	Į
	2403 24TH					T ADDRESS						- 1
CITY-ST-ZIP	WEST PAL	M BEACH FL 33407			CITY	ST-ZIP	Jupit	rec	F1 33478			}
TITLE				☐ Delete	TITLE						Change	☐ Addition
NAME				•	NAME							
STREET ADDRESS					STREE	T ADDRESS	Ĺ					[
CITY-ST-ZIP					CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE		]			1	Change	Addition
NAME					NAME							ļ
STREET ADDRESS					STREE	T ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP	ĺ					(
TITLE				☐ Delete	TITLE			-			Change	Addition
NAME					NAME		1			•	-	
STREET ADDRESS					STREE	T ADDRESS						` \
CITY-ST-ZIP					CITY-	ST-ZIP						
TITLE			•	Delete	TITLE		<del>                                     </del>				Change	Addition
NAME					NAME		1					
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP						ST-ZIP						{
12. I hereby of indicated	certify that the	information supplied with	this filing	does not qualify for	the exer	nption stat	ted in Sec	tion 1	19.07(3)(i), Florida Statutes. I fu	rther certif	y that the in	formation

indicated on this report of supplemental report is frue and accurrate and that my signature shall have the same legal effect as it made under oath; that I am an officer or officeror of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Daytime Phone #