## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 12, 2000 8:00 am Secretary of State DOCUMENT # **P97000063689** ALESSI CONCESSIONAIRES, INCORPORATED 05-12-2000 90087 005 \*\*\*150.00 Principal Place of Business Mailing Address ····· W. CYPRESS ST. 2909 W. CYPRESS ST. OTTURI TAMPA FL 33609-1630 FL 33609 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3475268 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALESSI, PHILIP JR. Street Address (P.O. Box Number is Not Acceptable) 2909 W. CYPRESS ST. **TAMPA FL 33609** Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE ALESSI, PHILIP NAME NAME STREET ADDRESS 2909 W. CYPRESS ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ے ی 🕒 Change ، TITLE

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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