

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90007 029 ***158.75

DOCUMENT # P97000064738

1. Entity Name
PRIMAVERA RESTAURANT CORP.

Principal Place of Business Mailing Address
830 E OAKLAND PARK BLVD 830 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304

2. Principal Place of Business Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0769384** 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

JOVANOVIC, DOUGLAS ESQ
888 S.E. 3RD AVENUE
SUITE 400
FORT LAUDERDALE FL 33316

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **PD** ☐ Delete
 NAME **DRESSENO, GIACOMO**
 STREET ADDRESS **830 E OAKLAND PARK BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **TD** ☐ Delete
 NAME **DRESSENO, MELODY**
 STREET ADDRESS **830 E OAKLAND PARK BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 information empowered.

SIGNATURE: Giacomo Dresseno **GIACOMO DRESSENO** 01/04/01 (954) 564 6367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)