

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000068563**

1. Entity Name **MAMMA MIA ITALIAN RESTAURANT OF LAKE CHARLESTON INC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 16 AM 9:32

Principal Place of Business Mailing Address
**7008 Charleston Shores Blvd
Lake Worth, Florida. 33467**

2. Principal Place of Business 3. Mailing Address
7008 Charleston Shores Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKE WORTH, FLORIDA

Zip Country Zip Country
33467 U.S.

REINSTATEMENT **00**
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

~~Vincenzo LO GRASSO~~
~~9856 Majestic Way Boynton Bch, Florida~~
CURRENT INFO ONLY →

Name **FRANCESCO G. LO GRASSO**
Street Address (P.O. Box Number is Not Acceptable)
3599 DANBURY CT
City **Boynton Bch** FL Zip Code **33436**

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 **V. Lo Grasso** **Vincenzo LO GRASSO** **10-5-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Vincenzo LO GRASSO	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President		NAME	FRANCESCO LO GRASSO	
STREET ADDRESS	98-56 MAJESTIC WAY BOYNTON BCH, FL		STREET ADDRESS	3599 DANBURY CT BOYNTON BCH, FL	
CITY-ST-ZIP	33436		CITY-ST-ZIP	33436	
TITLE	Vice Pres	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaetano LO GRASSO		NAME	Giuseppe LO GRASSO	
STREET ADDRESS	98-56 MAJESTIC WAY BOYNTON BCH FL		STREET ADDRESS	6627 COBIN CRC. BOYNTON BCH, FL	
CITY-ST-ZIP	33436		CITY-ST-ZIP	33437	
TITLE		<input type="checkbox"/> Delete	TITLE	600003441386	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	-10/26/00--01115--014	
STREET ADDRESS			STREET ADDRESS	****750.00 ****750.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **V. Lo Grasso** **10-5-00** **561-963-4999**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #