

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073964

1. Entity Name

MIRAMAR EATERY, INC.

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90013 024 \*\*\*150.00

Principal Place of Business

11331 N.W. 5TH STREET  
PLANTATION FL 33325

Mailing Address

11331 N.W. 5TH STREET  
PLANTATION FL 33325-2002

2. Principal Place of Business

10998 Pembroke Rd

3. Mailing Address

10998 Pembroke Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL.

City & State

MIRAMAR FL.

4. FEI Number

65-0928118

Applied For

Not Applicable

Zip

33025

Country

BROWARD

Zip

33025

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVESTRO, ANTONIO  
11331 NW 5 ST  
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name JOSEPH PARISOTTI

Street Address (P.O. Box Number is Not Acceptable)

2075 NW 158 AVENUE

City Pembroke Pines

FL

Zip Code 33028

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

Joseph Parisotti

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/00

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, 2000 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 D  
NAME SILVESTRO, ANTONIO  
STREET ADDRESS 11331 N.W. 5TH STREET  
CITY-ST-ZIP PLANTATION FL 33325 ☒ Delete

TITLE D  
NAME SILVESTRO, JOSEPHINE  
STREET ADDRESS 11331 N.W. 5TH STREET  
CITY-ST-ZIP PLANTATION FL 33325 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME JOSEPH PARISOTTI  
STREET ADDRESS PEBROKE PINES FL 33028 ☒ Change ☐ Addition

TITLE SECRETARY  
NAME SALVATORE PARISOTTI  
STREET ADDRESS PEBROKE PINES FL 33028 ☒ Change ☐ Addition

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

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

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

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

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:

Joseph Parisotti JOSEPH PARISOTTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-00

Daytime Phone #

(954) 437-0224