

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90147 031 ***150.00

DOCUMENT # P97000073964

1. Entity Name
MIRAMAR EATERY, INC.

Principal Place of Business

10998 PEMBROKE RD
MIRAMAR FL 33025

Mailing Address

10998 PEMBROKE RD
MIRAMAR FL 33025

2. Principal Place of Business

10992 PEMBROKE RD

Suite, Apt. #, etc.

3. Mailing Address

10992 PEMBROKE RD

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip
33025

Country
BROWARD

City & State

MIRAMAR FL

Zip
33025

Country
BROWARD

4. FEI Number

65-0928118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARISOTTI, JOSEPH
2175 NW 158 AVE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

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

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. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	PARISOTTI, JOSEPH	
STREET ADDRESS	11331 N.W. 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARISOTTI, SALVATORE	
STREET ADDRESS	11331 N.W. 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARISOTTI JOSEPH	
STREET ADDRESS	2175 NW 158 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARISOTTI SALVATORE	
STREET ADDRESS	2175 NW 158 AVE	
CITY-ST-ZIP	PEMBROKE PINE FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

JOSEPH PARISOTTI

2-7-02

(954) 437-0224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)