

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2002 91173 040 ***150.00

DOCUMENT # P97000083159

1. Entity Name
IL POMODORO RESTAURANT, INC.

Principal Place of Business
468 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

Mailing Address
468 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0793687

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

LINARES, OSCAR J
468 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P. LINARES, OSCAR**
STREET ADDRESS **5601 COLLINS AVE, APT. 614**
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE ☐ Change ☐ Addition
NAME **P. LINARES OSCAR**
STREET ADDRESS **5601 COLLINS AV. APT. 614**
CITY-ST-ZIP **MIAMI BEACH FL. 33140**

TITLE ☐ Delete
NAME **VP BLACKMAN, ROBERT**
STREET ADDRESS **1997 ROAD 27**
CITY-ST-ZIP **EDISON NJ 08817**

TITLE ☐ Change ☐ Addition
NAME **V BLACKMAN ROBERT**
STREET ADDRESS **1997 ROAD 27**
CITY-ST-ZIP **EDISON N.J 08817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2002 **(305) 534-2470**
 Date Daytime Phone #

CR2E034 (9/01)