

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099383

1. Entity Name

TRATTORIA DELFINO, INC.

**FILED**  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90033 006 \*\*\*150.00

0323742

Principal Place of Business

Mailing Address

185 EAST INDIANTOWN ROAD  
SUITE 217  
JUPITER FL 33477

185 EAST INDIANTOWN ROAD  
SUITE 217  
JUPITER FL 33477

00007295

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

65-0794935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHANEL, GLENN CPA  
14263 US HIGHWAY ONE  
JUNO BEACH FL 33408

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T  
NAME GHINI, MARIO  
STREET ADDRESS 185 EAST INDIANTOWN RD., SUITE 217  
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

☐ Change ☐ Addition

P  
NAME QUINTIERI, TOMMASO  
STREET ADDRESS 812 MEADOWS CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33462 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-01 561-743-6414

CR2E034 (10/00)