

2009 FOR PROFIT CORPORATION

DOCUMENT # P97000099383

1. Entity Name
TRATTORIA DELFINO, INC.



FILED
09 FEB 17 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
185 EAST INDIANTOWN ROAD
SUITE 217
JUPITER, FL 33477

Mailing Address
185 EAST INDIANTOWN ROAD
SUITE 217
JUPITER, FL 33477

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11. **BI**

998 (1/07)

4. FEI Number

65-0794935

and 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

SCHANEL, GLENN CPA
14269 US HIGHWAY ONE
JUNO BEACH, FL 33408

4600 Military Trail
Ste 215
Jupiter FL 33458

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500143742145
02/17/09--01005--010 **150.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #