

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000106389**

1. Entity Name
EMILIO'S ITALIAN RESTAURANT, INC.



Principal Place of Business
11130 W OAKLAND PARK BLVD
SUNRISE FL 33351

Mailing Address
11130 W OAKLAND PARK BLVD
SUNRISE FL 33351

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0801081

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANTHONY, CORSO
9910 S. GRAND DUNE CIRCLE
TAMARAC FL 33321**

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.

Anthony Corso

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 May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P**
NAME **CORSO, ANTHONY E**
STREET ADDRESS **11130 E OAKLAND PARK BLVD**
CITY-ST-ZIP **SUNRISE FL 33351**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE **V**
NAME **CORSO, ANTHONY**
STREET ADDRESS **9910 S GRAND DUNE CIRCLE**
CITY-ST-ZIP **TAMARAC FL 33321**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Signature: Anthony Corso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Jan 13, 2003 8:00 am
Secretary of State**

01-13-2003 90141 030 ***150.00



CR2E034 (10/02)

Date

Daytime Phone #