## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment y

SIGNATURE:

## May 16, 2000 8:00 am Secretary of State DOCUMENT # P97000108117 LITTLE ITALY RESTAURANT, INC. 05-16-2000 90005 042 \*\*\*150.00 Mailing Address Principal Place of Business 7881 W. SAMPLE ROAD 7881 W. SAMPLE ROAD CORAL SPRINGS FL 33065-4709 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0802052 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent PERSTEN, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 10746 N.W. 18TH COURT **CORAL SPRINGS FL 33071** 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME PERSTEN, LORRAINE STREET ADDRESS STREET ADDRESS 7881 W. SAMPLE ROAD CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change Addition ☐ Delete TITLE TITLE PERSTEN, PHILLIP NAME STREET ADDRESS STREET ADDRESS 7881 W. SAMPLE ROAD CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** Change ☐ Addition TITLE Delete NAME NAME PERSTEN, NEAL-STREET ADDRESS STREET ADDRESS 7881 W. SAMPLE ROAD CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 supplier ental 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 trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 11 or Block 12 if

ther like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED