2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am & Secretary of State DOCUMENT # P98000005117 1. Entity Name 05-29-2002 90727 033 ***150.00 YIANNI'S RESTAURANT & SPORTS BAR INC. Principal Place of Business Mailing Address 5929 MEMORIAL HWY 5929 MEMORIAL HWY **TAMPA FL 33615 TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3487344 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABRAMIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 9605 NORTH 26TH ST. **TAMPA FL 33612** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition NAME ABRAMIS, JOHN NAME STREET ADDRESS 9605 N. 26TH ST. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP TITLE TSD ☐ Defete TITLE ☐ Change ☐ Addition NAME ABRAMIS, NICKY NAME STREET ADDRESS 9605 N. 26TH ST STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 entrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes.

FILED

SIGNATURE: