

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90022 031 ***150.00

0408582 AV

DOCUMENT # P98000015637

1. Entity Name
J.I.M.F. RESTAURANT, INC.

Principal Place of Business
1125 S MILITARY TRAIL
DEERFIELD BEACH FL 33441

Mailing Address
SALS CORPORATE
10026 SPANISH ISLES BLVD. B16 & B17
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address:
10058 Spanish Isles Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boca Raton FL

Zip

Country

Zip
33498

Country
USA

4. FEI Number **65-0819993**

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

GIORDANO, MARGARET
SALS CORPORATE
10026 SPANISH ISLES BLVD, B16 & B17
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name
Frank Pito, Jr
Street Address (P.O. Box Number is Not Acceptable)
10058 Spanish Isles Blvd
Suite, Apt. #, etc.
F12
City **Boca Raton** **FL** **Zip Code** **33498**

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

Frank Pito, Jr
Frank Pito, Jr
Margaret Giordano
3/18/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|-----------------------|--------------------------------|--|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | PITO, FRANK JR | |
| STREET ADDRESS | 22581 MIDDLETOWN DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PITO, CATHERINE | |
| STREET ADDRESS | 9044 LONG LAKE PALMS DR | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | GIORDANO, MARGARET | |
| STREET ADDRESS | 9135 BEDFORD DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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 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:

Frank Pito, Jr
Frank Pito, Jr
3/18/02
561-84703395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)