

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90002 023 ***158.75

DOCUMENT # **P98000062679**

1. Corporation Name

BONELLO'S PIZZA, PASTA, WINGS & MORE, INC.

Principal Place of Business

Mailing Address

**1813 WESAT WATERS AVENUE
TAMPA FL 33604**

**1813 WESAT WATERS AVENUE
TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

Correction
2. Principal Place of Business

21 **1813 West Waters Ave**

Suite, Apt. #, etc.

22 City & State

23 **Tampa - FL**

24 Zip

33604

Country

2a. Mailing Address

26 **1813 West Waters Avenue**

Suite, Apt. #, etc.

27 City & State

28 **Tampa - FL**

29 Zip

33604

Country

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

59-3523320

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **SARMAT, SERKAN**
STREET ADDRESS **1813 WESAT WATERS AVENUE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Serkan Sarmat**

09-09-1999 (813)-932-9000

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CR2E034 (5/99)

P98000062679
615722
1813 W. Waters Avenue
Tampa, FL 33604

BONELLO'S PIZZA, PASTA,
WINGS & MORE INC

September 9, 1999

Division of Corporations Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

Dear Sir or Madam:

We have not received the first notice of filing fee. We guess that our address on your files is printed wrong, that's why we have not received our first notice. Our address is 1813 West Waters Avenue, but on your files, it is 1813 Wesat Waters Avenue. So we called your office, explained the situation, they told us to write an explanation letter and mail \$150.

Please correct our address in your files and accept our apology for any inconvenience.

Sincerely,

SERKAN SARMA
PSTD

Enclosed: Document P98000062679 & \$158.75 Check.