

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077474

1. Entity Name

GUIDO BARISONE, INC.

Principal Place of Business

CASA BARISONE
8037 WEST SAMPLE RD
HOLLYWOOD FL 33065

Mailing Address

CASA BARISONE
8037 WEST SAMPLE RD
HOLLYWOOD FL 33065

2. Principal Place of Business

CASA BARISONE - REST

3. Mailing Address

CASA BARISONE REST

Suite, Apt. #, etc.

8037 W. SAMPLE RD #10

Suite, Apt. #, etc.

8037 W. SAMPLE RD #10

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33065 FL, USA

Zip

33065 FL, USA

6. Name and Address of Current Registered Agent

BARISONE, GUIDO
8037 WEST SAMPLE RD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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.

SIGNATURE

[Signature]

GUIDO BARISONE, PRES

DATE

4/09/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME BARISONE, GUIDO
STREET ADDRESS 3200 MARION AVE
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

[Signature]

GUIDO BARISONE, PRES

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90021 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0861497

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E034 (10/00)