

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000105384****1. Entity Name**

ENRICO VITTORI'S CATERING, INC.

Principal Place of Business

7251 S.W. GAINES AVENUE

STUART

34997

FL

US

Mailing Address

ENRICO VITTORI'S CATERING, INC.

101 WILLOW LAKE TRAIL

STUART

34997

FL

US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

ENRICO VITTORI

Suite, Apt. #, etc.

101 WILLOW LAKE TRAIL

City & State

City & State

STUART

FL

Zip

Country

Zip

Country

34997

US

4. FEI Number**65-0891760**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

VITTORI ROBERTO M

101 WILLOW LAKE TRAIL

STUART

34997

FL

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 **ROBERTO VITTORI**

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2000

DATE

**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, 2000 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	D	<input type="checkbox"/> Delete
NAME	VITTORI NOREEN	
STREET ADDRESS	101 WILLOW LAKE TRAIL	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VITTORI ENRICO	
STREET ADDRESS	101 WILLOW LAKE TRAIL	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D	<input type="checkbox"/> Delete
NAME	VITTORI ROBERTO M	
STREET ADDRESS	101 WILLOW LAKE TRAIL	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<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
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
NAME		
STREET ADDRESS		
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: Roberto Vittori

04/30/2000