

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90045 025 ***158.75

DOCUMENT # P98000105534

1. Entity Name
B & L RESTAURANTS, INC.

Principal Place of Business

**4155 S TAMiami TRAIL
 SARASOTA FL 34231**

Mailing Address

~~1538 STICKNEY POINT ROAD
 SARASOTA FL 34231~~
**4155 S. TAMiami TR.
 SARASOTA FL. 34231**

2. Principal Place of Business

3. Mailing Address

4155 S Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

4. FEI Number

65-0885730

Applied For

Not Applicable

Zip

Country

Zip

Country

34231

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LI
 PASQUALI, BRUNO
 1538 STICKNEY POINT ROAD
 SARASOTA FL 34231~~

Name

Pasquali, Bruno

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

4155 S. Tamiami Tr.

City

SARASOTA

FL

Zip Code

34231

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

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
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PASQUALI, BRUNO**
 STREET ADDRESS **4678 LONGLAKE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **VP** ☒ Delete
 NAME **EUGENIO, ANTONIO**
 STREET ADDRESS **112 DE GAS DR**
 CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNO PASQUALI

1-30-02941-929-7900

Date

Daytime Phone #

CR2E034 (9/01)