

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018303

1. Entity Name
 Stromboli Italian Restaurant, Inc.

Principal Place of Business **Mailing Address**
 1049 S. Dillard Avenue
 Winter Garden, FL 34787

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

FILED
 00 DEC 19 PM 3:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563536 **Applied For** ☐ **Not Applicable** ☐

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**

Name Tony Fiorino

Street Address (P.O. Box Number is Not Acceptable) 1049 S. Dillard Ave.

City Winter Garden FL **Zip Code** 34787

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 Tony Fiorino Tony Fiorino 12-14-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After SEPTEMBER 13, 2000 Min. will be \$750.00**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secy, Treas, Dir <input type="checkbox"/> Delete Tony Fiorino 1049 S. Dillard Avenue Winter Garden, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003523891--3 -01/04/01--01099--003 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Tony Fiorino TONY FIORINO
12-24-00 407-654-4788

CR2E034 (5/00)