

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027818

1. Entity Name

G.I.G. RESTAURANT, INC.

Principal Place of Business

Mailing Address

C/O 10026 SPANISH ISLES BLVD., BAY 16/17
BOCA RATON FL 33498

C/O 10026 SPANISH ISLES BLVD., BAY 16/17
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

WALDEN, LINDA J CPA
11849 SUNCHASE CT.
BOCA RATON FL 33498

Name Margaret Giordano
Street Address (P.O. Box Number is Not Acceptable) 10026 Spanish Isles Blvd
Bldg
City Boca Raton FL Zip Code 33498

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Frank Pito Jr	
STREET ADDRESS	2581 middle town Dr	
CITY-ST-ZIP	BOCA RATON-FL 33428	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Catherine Pito	
STREET ADDRESS	9044 Long Lake Palms Dr	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	ST Margaret Giordano	<input type="checkbox"/> Delete
NAME	Margaret Giordano	
STREET ADDRESS	9135 Bedford Dr	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

03-28-2000 90094 033 ***150.00



DO NOT WRITE IN THIS SPACE

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