

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90037 010 ***150.00

DOCUMENT # P99000032128

1. Entity Name

FMM RESTAURANT, INC.

Principal Place of Business

Mailing Address

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

10026 SPANISH ISLES BLVD., BAY 16/17
 BOCA RATON FL 33498-6380

00046941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7491 N. Federal Hwy
 Suite, Apt., etc. C9-C10

Suite, Apt. #, etc.

City & State Boca Raton-FL

City & State

Zip 33487 Country USA

Zip

Country

4. FEI Number

65-0917566

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
 11849 SUNCHASE CT.
 BOCA RATON FL 33498

Margaret Giordano
 Street Address (P.O. Box Number is Not Acceptable)
 10026 Spanish Isles Blvd
 B 16-17
 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 M. Giordano - Margaret Giordano - VP DATE 2/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	VITO A Giordano, Jr	9135 Bedford Drive	BOCA RATON FL 33434	<input type="checkbox"/>
Vice President	Margaret Giordano	9135 Bedford Dr	BOCA RATON FL 33434	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: Margaret Giordano DATE 2/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR