

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 027 ***158.75

DOCUMENT # p99000032128

1. Entity Name

FMM Restaurant, Inc.

DO NOT WRITE IN THIS SPACE

425874

2. Principal Place of Business

7491 N Federal Hwy

3. Mailing Address

7491 N Federal Hwy

Suite, Apt. #, etc.

C9-C10

Suite, Apt. #, etc.

C9-C10

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0917566

Applied For

Not Applicable

Zip

33487

Country

US

Zip

33487

Country

US

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BDB Agent Co.

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

2500 N. Military Trail, #480

City Boca Raton

FL

Zip Code
33431

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

Michael D. Mopsick

Michael D. Mopsick, Esq.

3/6/02

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)**

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 President & Director
NAME Vito A. Giordano, Jr.
STREET ADDRESS 7491 N Federal Hwy C9-C10
CITY-ST-ZIP Boca Raton, FL 33487

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**DO NOT WRITE
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 11 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 #

CR2E034B (12/01)