

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036899

1. Entity Name

ITALIAN VILLAGE DELI, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90045 006 ***150.00

Principal Place of Business

Mailing Address

2716 STICKNEY POINT ROAD
UNIT 5
SARASOTA FL 34231

2716 STICKNEY POINT ROAD
UNIT 5
SARASOTA FL 34231-6022

2. Principal Place of Business

3. Mailing Address

2716 STICKNEY POINT ROAD

2716 STICKNEY POINT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 5

UNIT 5

City & State

City & State

SARASOTA FL.

SARASOTA FL.

Zip

Country

Zip

Country

34231

SARASOTA

34231

SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0914879

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

MINAFRA, GIACOMO
2716 STICKNEY POINT ROAD
UNIT 5
SARASOTA FL 34231

Name

MINAFRA, GIACOMO

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

2716 STICKNEY POINT ROAD UNIT 5
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, 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 D
NAME MINAFRA, GIACOMA
STREET ADDRESS 2716 STICKNEY POINT ROAD
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE D
NAME MINAFRA, GIACOMA
STREET ADDRESS 2716 STICKNEY POINT ROAD
CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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] GIACOMO MINAFRA

1-7-00

(941) 927-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #