2000 UNIFORM BUSINESS REPORT (UBR)

8/23/00-90031-040-$150.00-$150.00

1 of 3

DOCUMENT # P99000040468

1. Entity Name

ITALIAN PAVILION, ICP, INC. ✓

FILED

00 SEP -6 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0074337

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6302 E. MLK BLVD. TAMPA FL 33619	6302 E. MLK BLVD. TAMPA FL 33619

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 59-3600628 ☐ 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
WEINSTEIN, IRA 3902 HENDERSON BLVD., STE. 200 TAMPA FL 33629	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	D ROSSI, ALFONSO 18106 HERON WALK DR. TAMPA FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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: Alfonso Rossi 7-12-00 813-740-8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MICHAEL H. SILVERMAN, P.A.
CERTIFIED PUBLIC ACCOUNTANT

MEMBER, FLORIDA
INSTITUTE OF C.P.A.'S

1612 WEST WATERS AVENUE, SUITE 102 B
TAMPA, FLORIDA 33604

PHONE: (813) 933-2195

8-31-00

Florida Dept of State
Div of Corporations
Attn: Kathy Dalton

Re: Italia Pavilia
ICP
Fein 59-3600675

Dear Sirs:

The Annual Report for Italia Pavilia ICP, Inc has caused & continues to cause problems. On 2-7-00 the taxpayer sent the first $150.00 check with the form. Unfortunately (it later developed) she sent the wrong form: instead of Italia Pavilia ICP, Inc she sent in Italia Pavilia Cafe, Inc of Brandon. The latter was supposed to be defunct. On 7-19-00 I wrote you (copy enclosed) complaining of the duplicate demand for filing to which you responded in your letter of 7-31-00, advising us that we would avoid the late fee of the $150.00 if it was sent within 30 days of your letter. This was done, and the taxpayer now has received a demand for the additional $400.00. It seems strange that we comply with

(over)

MICHAEL H. SILVERMAN, P.A.
CERTIFIED PUBLIC ACCOUNTANT

MEMBER, FLORIDA
INSTITUTE OF C.P.A.'S

1612 WEST WATERS AVENUE, SUITE 102 B
TAMPA, FLORIDA 33604

PHONE: (813) 933-2195

Florida Dept. of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

7-19-00

Re: Italian Parasol Inn LLP
FEI No 59-3600675

Dear Sirs:

I am the C.P.A. for the above-referenced corporation. The Second notice of the 2000 Limited Business Report has been received. Please be advised that this form was sent in error as the first notice was sent back to you timely and was paid timely. Enclosed is a copy of the cancelled check, front & back, together with this form properly signed. This letter is in case you lost the first one. In any case, since the $150.00 was paid timely, no additional fees are due. You are requested to correct your records, and institute the necessary reforms to your systems so that this does not occur.

Sincerely,
Michael H. Silverman
Certified Public Accountant