

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043784

1. Entity Name

ITALIAN CONCEPT, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90949 005 ***150.00

Principal Place of Business

Mailing Address

8900 SW 117TH AVE
 B104
 MIAMI FL 33186

8900 SW 117TH AVE
 B104
 MIAMI FL 33186-2155

2. Principal Place of Business

3. Mailing Address

755 NW 72ND AVE.

755 NW 72ND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PLAZA 6

PLAZA 6

City & State

City & State

MIAMI - FL

MIAMI FL

Zip

Country

33126

USA

Zip

Country

33126

USA

4. FEI Number

Applied For

65-0930110

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

SCHIRALDI, PAOLO
 1770 SWEETBAY WAY
 HOLLYWOOD FL 33019

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

Schiraldi Paolo

04/28/00

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	<input type="checkbox"/> Delete
NAME	SCHIRALDI, PAOLO	
STREET ADDRESS	1770 SWEETBAY WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

04/28/00 305-260-9161

Date

Daytime Phone #