

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051019

1. Entity Name

FAV'S ITALIAN CUCINA, INC.

Principal Place of Business

416 BRYN MAWR ISLAND
BRADENTON FL 34207

Mailing Address

416 BRYN MAWR ISLAND
BRADENTON FL 34207-5611

2. Principal Place of Business

419 12th Street West

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0922341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAVASULI, MICHAEL
416 BRYN MAWR ISLAND
BRADENTON FL 34207

7. Name and Address of New Registered Agent

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

Michael F. Favasuli, President Michael F. Favasuli 1/20/00

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

TITLE: *PSTD, Treasurer* ☐ Delete
NAME: FAVASULI, MICHAEL
STREET ADDRESS: 416 BRYN MAWR ISLAND
CITY-ST-ZIP: BRADENTON FL 34207

TITLE: *Vice President* ☐ Delete
NAME: *Wilson Lamont*
STREET ADDRESS: *416 Bryn Mawr Island*
CITY-ST-ZIP: *Bradenton, FL 34207*

TITLE: *Vice President Asst. Secretary* ☐ Delete
NAME: *Marie Wilson*
STREET ADDRESS: *416 Bryn Mawr Island*
CITY-ST-ZIP: *Bradenton, FL 34207*

TITLE: *Secretary* ☐ Delete
NAME: *Maria Favasuli*
STREET ADDRESS: *416 Bryn Mawr Island*
CITY-ST-ZIP: *Bradenton, FL 34207*

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

Michael F. Favasuli, President 1/20/00 941-708-3287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90152 047 ***150.00



DO NOT WRITE IN THIS SPACE