

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059497

1. Entity Name

JOHNNY PASTRAMI LICENSING, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90041 004 ***150.00

Principal Place of Business

2730 CENTRAL AVE.
ST. PETERSBURG FL 33712

Mailing Address

2730 CENTRAL AVE.
ST. PETERSBURG FL 33712-1153

2. Principal Place of Business

121 107th

3. Mailing Address

100 Second Ave. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1201

City & State

TREASURE ISLAND FL

City & State

St. Petersburg FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33706

Country

USA

Zip

33701

Country

USA

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

VALENTE, ANTHONY P
2730 CENTRAL AVE.
ST. PETERSBURG FL 33712

Name

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

100 Second Ave So.

#1201

City

St. Petersburg

FL

Zip Code

33701

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

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	CARTER, BRAD	
STREET ADDRESS	2730 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTE, ANTHONY P JR	
STREET ADDRESS	2730 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	121 107th	
CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Second Ave. So. #1201	
CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

727 367 6883

Daytime Phone #

CR2E034 (9/99)