

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-20-2000 90011 011 ***150.00

DOCUMENT # P990000061833

1. Entity Name

SAPORI DI ROMA INC.

Principal Place of Business

Mailing Address

6984 COLLINS AVE
 MIAMI BEACH FL 33101

6984 COLLINS AVE
 MIAMI BEACH FL 33141-3206

2. Principal Place of Business

6984 COLLINS AV.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

4. FEI Number

65-0930072

Applied For

Not Applicable

Zip

Country

Zip

Country

33141-3206

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

HALFON, MICHELLE
12 KEY WEST DR.
LEESBURG FL 34788

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

Michelle Halfon

(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 ☐

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

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAPORI DI ROMA** ☒ Delete
 NAME **Michelle Halfon**
 STREET ADDRESS **6984 Collins Ave**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☐ Delete
 NAME **MICHELLE HALFON**
 STREET ADDRESS **6984 Collins Ave**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(l), 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: *Michelle Halfon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

Daytime Phone #

CR2004 (9/99)