

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90122 039 ***150.00

DOCUMENT # P99000064226

1. Entity Name
GUSTO'S III, INC.



Principal Place of Business
**410 E. HALLANDALE BEACH BLVD.
SUITE 200
HALLANDALE FL 33009**

Mailing Address
**410 E. HALLANDALE BEACH BLVD.
SUITE 200
HALLANDALE FL 33009**

2. Principal Place of Business
326 SE 1st Ave
Suite, Apt. #, etc.

3. Mailing Address
326 SE 1st Ave
Suite, Apt. #, etc.

City & State
Florida City FL
Zip
33034 Country
DADE

City & State
Florida City FL
Zip
33034 Country
DADE

4. FEI Number
65-0969264

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARTSOCAS, GUS
410 E. HALLANDALE BEACH BLVD.
SUITE 200
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
GEORGE EVLOGIMENOS
Street Address (P.O. Box Number is Not Acceptable)
14141 SW 99 Ave
City
MIAMI FL Zip Code
33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
BARTSOCAS, GUS ☒ Delete
STREET ADDRESS
410 E. HALLANDALE BEACH BLVD., SUITE 200
CITY-ST-ZIP
HALLANDALE FL 33009

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
GEORGE EVLOGIMENOS ☐ Change ☐ Addition
STREET ADDRESS
14141 SW 99 AVE
CITY-ST-ZIP
MIAMI FL 33176

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

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)