

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078895

1. Entity Name

JAMAICAN-ME THIRSTY TROPICAL TIKI BAR, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90049 039 ***150.00

Principal Place of Business

Mailing Address

1100 1ST AVENUE NORTH
 ST. PETERSBURG FL 33713

P.O. BOX 273164
 TAMPA FL 33688-3164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Tampa Bay Convention Center 16166 Gardenale Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

4. FFI Number

59-3596494

Applied For

Not Applicable

Zip

Country

Zip

Country

33624

U.S.A.

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

PANDOLFO, AURORA
 4319 FOXGLEN LANE
 TAMPA FL 33624

Name

Aurora Pandolfo

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

4709 Green Pastures Ct.

City

Tampa

FL

Zip Code

33624

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, typed or printed name of registered agent and true 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	PANDOLFO, AURORA	
STREET ADDRESS	4319 FOXGLEN LANE	
CITY-ST-ZIP	TAMPA FL 33624	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDOLFO, AURORA	
STREET ADDRESS	4709 GREEN PASTURES Ct.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

813-265-8292

Daytime Phone #

CR2E034 (9/99)