

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000081321

1. Entity Name

STEFANO'S TRATTORIA ITALIAN RESTAURANT, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

04-11-2000 90045 011 ***158.75

Principal Place of Business
6157 RALEIGH ST., #1416
ORLANDO FL 32835

Mailing Address
6157 RALEIGH ST., #1416
ORLANDO FL 32835-2290

2. Principal Place of Business
7514 Savannah Grand Ave
Suite, Apt. #, etc.
3204
City & State
Winter Park, FL
Zip
32792- Country
USA

3. Mailing Address
Same
Suite, Apt. #, etc.
Same
City & State
Winter Park
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3597678

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NADAR, MHD. ZIAD
6157 RALEIGH ST., #1416
ORLANDO FL 32835

7. Name and Address of New Registered Agent
Name
Same AS Before
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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DIRECTOR M. JIHAD NADAR 6396 Windham Place Grand Blanc, MI 48439					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PRESIDENT Mhd. ZIAD NADAR 7514 Savannah Grand Ave #3204 Winter Park, FL 32792					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 (ke empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(407) 325-8746

Daytime Phone #

CR2E034 (9/99)