

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085851

1. Entity Name

BONA CAFE & ITALIAN RESTAURANT, INC.

Principal Place of Business

2468 WILTON DRIVE
WILTON MANORS FL 33305

Mailing Address

2468 WILTON DRIVE
WILTON MANORS FL 33305-1251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650951649

Applied For

Not Applicable

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

VULTAGGIO, GIUSEPPE
8241 HAMPTON WOOD DRIVE
BOCA RATON FL 33433

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

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VULTAGGIO, GIUSEPPE		NAME	
STREET ADDRESS	2468 WILTON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINA, SALVATORE		NAME	
STREET ADDRESS	2468 WILTON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VULTAGGIO, ROSANNA		NAME	
STREET ADDRESS	2468 WILTON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYAT SPINA, NISHA		NAME	
STREET ADDRESS	2468 WILTON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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

GIUSEPPE VULTAGGIO
4-21-00 Date 954-365-7222



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)