

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM**  
**Secretary of State****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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**65-0951619**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**VULTAGGIO GIUSEPPE  
8241 HAMPTON WOOD DRIVE

BOCA RATON FL 33433 US

**7. Name and Address of New Registered Agent**Name  
SPINA SALVATOREStreet Address (P.O. Box Number is Not Acceptable)  
C/O JAY SHAH

1010 S OCEAN BLVD PENTHOUSE 8

City  
POMPANO BCH FL Zip Code  
33062

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 **SALVATORE SPINA****04/17/2001**

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, 2001 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**TITLE D ☐ Delete  
NAME JAYAT SPINA NISHA  
STREET ADDRESS 2468 WILTON DRIVE  
CITY-ST-ZIP WILTON MANORS FL 33305TITLE D ☒ Delete  
NAME VULTAGGIO ROSANNA  
STREET ADDRESS 2468 WILTON DRIVE  
CITY-ST-ZIP WILTON MANORS FL 33305TITLE D ☐ Delete  
NAME SPINA SALVATORE  
STREET ADDRESS 2468 WILTON DRIVE  
CITY-ST-ZIP WILTON MANORS FL 33305TITLE D ☒ Delete  
NAME VULTAGGIO GIUSEPPE  
STREET ADDRESS 2468 WILTON DRIVE  
CITY-ST-ZIP WILTON MANORS FL 33305TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition  
NAME JAYANT SPINA NISHA  
STREET ADDRESS C/O JAY SHAH 1010 S OCEAN BLVD PH #8  
CITY-ST-ZIP POMPANO BCH FL 33062TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition  
NAME SPINA SALVATORE  
STREET ADDRESS C/O JAY SHAH 1010 S OCEAN BLVD PH#8  
CITY-ST-ZIP POMPANO BCH FL 33062TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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)(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:** Nisha Jayant Spina

VP

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)