## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 13, 2000 8:00 am Secretary of State DOCUMENT # **P99000092503** 1. Entity Name CHEF FRANCO, INC. 09-13-2000 90051 044 \*\*\*550 00 Mailing Address Principal Place of Business 32 COLONY STREET 32 COLONY STREET DUTAGOA1 ST. AUGUSTINE FL 32095 ST: AUGUSTINE FL 32095-1208 3. Mailing Address 2. Principal Place of Business 123 SAN MARCO AVE Same. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired ") S A . J. JOHNS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition PVD ☐ Delete TITLE Change TITLE BRIGANDI, FRANCESCO P NAME NAME STREET ADDRESS STREET ADDRESS 32 COLONY STREET CITY-ST-ZIP CITY-ST-7IP ST. AUGUSTINE FL 32095 ☐ Change Addition ☐ Delete TITLE TITLE BRIGANDI, REBECCA D NAME NAME STREET ADDRESS STREET ADDRESS 32 COLONY STREET CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete — ☐ Change Addition TITI F BRIGANDI, FRANCESCA A NAME NAME STREET ADDRESS STREET ADDRESS 32 COLONY STREET CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRIGANDI, ALEXANDER R NAME NAME 32 COLONY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.