01/10/2001 12:09 3056951011 JUAN TABOADA

FROM : MATTOES FAX NO. : 15613923984

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
02-27-2001 90329 019 ***150.00

DOCUMENT # P99000093647

1. Entity Name
MATTEO'S RESTAURANT, INC.

Principal Place of Business
39 S.E. 1ST AVENUE
BOCA RATON FL 33432

Mailing Address
39 S.E. 1ST AVENUE
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 39 SE 1st Ave
Suite, Apt. #, etc.: Boca Raton
City & State: FLA
Zip: 33432 Country: Palm Beach

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

4. FEI Number 65-0955859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CABEZA, NOHORA
5401 COLLINS AVE.
#225
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
Name: Andrew Sorrentino
Street Address (P.O. Box Number is Not Acceptable): 39 SE 1st Ave
City: Boca Raton, FL Zip Code 33432

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: Andrew Sorrento 2/16/01
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	PSTD	☐ Delete
NAME	CABEZA, NOHORA	
STREET ADDRESS	5401 COLLINS AVENUE #225	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	☐ Delete
NAME	SORRENTO, ANDREW	
STREET ADDRESS	7 SCOTT COVET	
CITY-ST-ZIP	NORTHPORT NY 11768	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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: ANDREW SORRENTINO Andrew Sorrento 2/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #