

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107265

1. Entity Name

MEDETERANO CAF'E INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90111 015 ***150.00

Principal Place of Business

18798 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Mailing Address

18798 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

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

65-0967615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HAMO, JOSEPH
18798 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name
~~XXXXXXXXXX~~ PIRELLI, GIOVANNI

Street Address (P.O. Box Number is Not Acceptable)
18798 WEST DIXIE HIGHWAY

City NORTH MIAMI BEACH FL Zip Code 33180

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

PIRELLI GIOVANNI 05/17/2000
~~XXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXX~~

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PIRELLI, GIOVANNI	
STREET ADDRESS	4000 ISLAND BLVD.	
CITY-ST-ZIP	AVENUE FL 33160	
TITLE	VR	<input checked="" type="checkbox"/> Delete
NAME	HAMO, JOSEPH	
STREET ADDRESS	18798 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRELLI, GIOVANNI	
STREET ADDRESS	18798 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	XXXXXXXXXX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXXXXXXXXX	
STREET ADDRESS	18798 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIRELLI, GIOVANNI
~~XXXXXXXXXXXXXXXXXX~~

05/17/2000
~~05/28/2000~~

Date

Daytime Phone #

CR2E034 (9/99)