T05000001044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

708
789/747/4146/671
(42) Menu

Office Use Only

Overpaid 175.00
FF 87.50

400057646974

07/25/05--01072--011 **262.50

FILED
05 AUG 11 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S

~~A05-35621~~
T05-1044

✓ ✓

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: ESSENTIAL BUSINESS SERVICES INC. EIN or SS#: 65-0119169

Address: 8741 NW 5741 STREET

TAMARAC, FL. 33351-4349

Amount: $175.00 Date Paid: _____

Reason for Claim: OVER PAYMENT OF FILING FEES

NANETTE/REGISTRATION SECTION

W05000035621 PIZZAFIORE AND DESIGN OF AN ELONGATED.....

Certified true and correct this 4 *day of* August, 2005.

Signature Janet Phillips, President

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write In This Box - For Agency Use Only

Amount of recommended refund $ 175.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01072 011 *dated* 7/25/05

NAME OF ACCOUNT: 4510100013245300100000100000

Statutory Authority for Collection 495

It is requested that payment be made from the following account

NAME OF ACCOUNT: 4510100013245300100002200200

Certified true and correct this _____ *day of* _____

Department of State, Division of Corporations

(Agency) (Authorized Agency Signature and Title)

CR2E060(7/03)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 27, 2005

ESSENTIAL BUSINESS SERVICES INC.
8741 NW 57TH STREET
TAMARAC, FL 33351-4349

SUBJECT: PIZZAFIORE AND DESIGN OF AN ELONGATED ELIPSE OVERLAYING AN OVAL "PIZZAFIORE"
Ref. Number: W05000035621

We have received your document for PIZZAFIORE AND DESIGN OF AN ELONGATED ELIPSE OVERLAYING AN OVAL "PIZZAFIORE" and your check(s) totaling $262.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) "42" would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) "42".

Only one of the specimens you submitted is acceptable. Please submit two additional "MENU'S" for processing.

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 505A00048867

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

ESSENTIAL BUSINESS SERVICES INC

8741 NW 57th STREET

TAMARAC, FL 33351-4349

(954) 718-7314

Daytime Telephone number

PART I

1. (a) Applicant's name: ARCOUB INC

(b) Applicant's business address: 703 71ST STREET

MIAMI BEACH FL 33141

City/State/Zip

(c) Applicant's telephone number: (305) 865-7500

☐ Individual ☐ Corporation ☐ Joint Venture ☑ Other: S-CORP

☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: P95000073864 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 65-0615943

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

RESTAURANT SERVICES IN: PIZZA & PASTA

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

LABELS, ALL ADVERTISING MEDIA, MENUS, SIGNAGE

(Continued)

(d) The class(es) in which goods or services fall:

CLASSES: 42

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 01/01/1996 (b) Date first used in Florida: 07/26/1996

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

AN ELONGATED ELIPSE OVERLAYING AN OVAL PIZZAFIORE (AKA PIZZA FLOWER)

IN RED ON A GREEN & WHITE BACKGROUND

English Translation PIZZA FLOWER

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " " APART FROM THE MARK AS SHOWN.

I, ABDERRAHIM ARCOUB *being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct*

ARCOUB INC

Typed or printed name of applicant

President

~~Applicant's signature~~ or authorized person's signature

(List name and title)

FILED
05 AUG 11 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF BROWARD

On this 16 day of FEBRUARY, 2005, ABDERRAHIM ARCOUB personally appeared before me,

☑ who is personally known to me ☐ whose identity I proved on the basis of _____

Janet Phillips

Notary Public Signature

JANET PHILLIPS

Notary's Printed Name

(Seal)

My Commission Expires: _____

Janet Phillips
My Commission DD236559
Expires July 29, 2007

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