

2000 UNIFORM BUSINESS REPORT (UBR)

7

FILED
Aug 08, 2000 8:00 am
Secretary of State

07-18-2000 90087 007 ***150.00

DOCUMENT # V44322

1. Entity Name

MELBOURNE DINING & PATIO, INC.

R.

Principal Place of Business

3398
 % CYNTHIA M. LIBERTO
 2565 W. NEW HAVEN AVENUE
 MELBOURNE FL 32904

Mailing Address

3398
 % CYNTHIA M. LIBERTO
 2565 W. NEW HAVEN AVENUE
 MELBOURNE FL 32904

2. Principal Place of Business

3398 W. NEW HAVEN AVE.

Suite, Apt. #, etc.

2. Mailing Address

3398 W. NEW HAVEN AVE

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

Zip

32904

Country

FLORIDA

City & State

MELBOURNE, FL.

Zip

32904

Country

USA

4. FEI Number

59-3127622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIBERTO, CYNTHIA M.
 3398 W. NEW HAVEN AVENUE
 MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Salvatore Liberto
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-10-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	LIBERTO, CYNTHIA M.	
STREET ADDRESS	2565 W. NEW HAVEN AVE	
CITY-ST-ZIP	W. MELBOURNE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIBERTO, SALVATORE	
STREET ADDRESS	2565 W. NEW HAVEN AVE.	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3398 W. NEW HAVEN AVE.	
STREET ADDRESS	MELBOURNE, FL. 32904	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3398 W. NEW HAVEN AVE.	
STREET ADDRESS	MELBOURNE FL. 32904	
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		
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 like empowered.

SIGNATURE:

Salvatore Liberto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

DATE

321-725-7764

DAYTIME PHONE #