

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90010 036 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 646782

1. Entity Name
ANTONIA'S RESTAURANT, INC.

| | |
|--|---|
| Principal Place of Business 615 DUVAL STREET KEY WEST FL 33040 | Mailing Address 615 DUVAL STREET KEY WEST FL 33040-6554 |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-1958963 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent
BERTO, ANTONIA
615 DUVAL STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (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, 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 NAME: P BERTO, ANTONIA | <input type="checkbox"/> Delete |
| STREET ADDRESS: 615 DUVAL ST | |
| CITY-ST-ZIP: KEY WEST FL | |
| TITLE NAME: V SMITH, PHILLIP | <input type="checkbox"/> Delete |
| STREET ADDRESS: 615 DUVAL ST | |
| CITY-ST-ZIP: KEY WEST FL | |
| TITLE NAME: | <input type="checkbox"/> Delete |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE NAME: | <input type="checkbox"/> Delete |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE NAME: | <input type="checkbox"/> Delete |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(j), 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: Antonina Bertoni **RECEIVED** 1-7-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)