## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **DOCUMENT # F53092** Feb 09, 2000 8:00 am Secretary of State VALENTINO'S NEW YORK STYLE PIZZA & RESTAURANT, I 02-09-2000 90005 036 \*\*\*150.00 Principal Place of Business Mailing Address - S-GIUSEPPE A: OLIVO-%-GIUSEPPE A.-OLIVO-3550 S. WASHINGTON AVE. 3550 S. WASHINGTON AVE TITUSVILLE FL 32780 TITUSVILLE FL 32780-8627 2. Principal Place of Business Mailing Address BODWHITE TR. 5645 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. W!W? Applied For 4. FEI Number City & State City & State 59-3160084 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OLIVO JR., JOSEPH Street Address (P.O. Box Number is Not Acceptable) 5645 BOB WHITE TRAIL MIMS FL 32754 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ☐ Delete OLIVO JR., JOSEPH NAME NAME 1329 CHENEY HWY APT #E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP Addition 🔀 Change TITLE TITLE Pelete OLIVO, PETER NAME NAME 655 ANGELA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-7IP TITLE ' TITLET Delete ROMDA JOLIVO NAME NAME STREET ADDRESS 5645 BORWHITE TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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.