

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90074 005 ***150.00

DOCUMENT # F96000001192

1. Entity Name

UNIVERSITY MALL PIZZA, INC.

Principal Place of Business

Mailing Address

8809 S. MERIDIAN STREET
 INDIANAPOLIS IN 46217

8809 S. MERIDIAN STREET
 INDIANAPOLIS IN 46217-5028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12302 UNIVERSITY MALL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SPACE 1

City & State

TAMPA, FL

City & State

4. FEI Number

35-1884126

Applied For

Not Applicable

Zip

33612

Country

HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPORO, PEDRO
 2122 UNIVERSITY MALL, SUITE #206
 TAMPA FL 33612

ADDRESS CORRECTION ONLY

Name

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

5100 BURCHETTE RD., #704

CITY TAMPA

FL

Zip Code 33647

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCDT Delete
 NAME DIMIZIO, GIANCARLO
 STREET ADDRESS 8809 S. MERIDIAN STREET
 CITY-ST-ZIP INDIANAPOLIS IN 46217

TITLE CEO Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME LOVELAND, CHARLENE H
 STREET ADDRESS 8809 S. MERIDIAN STREET
 CITY-ST-ZIP INDIANAPOLIS IN 46217

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PRESIDENT Change Addition
 NAME ANTONIO DiMizio
 STREET ADDRESS 8809 S. MERIDIAN ST.
 CITY-ST-ZIP INDIANAPOLIS, IN 46217

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 empowers.

SIGNATURE: GIANCARLO DIMIZIO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00
 Date

(317) 882-4125
 Daytime Phone #