

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50498

1. Entity Name

ALFONSO'S PIZZA AND PASTA INCORPORATED

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90115 026 ***150.00

Principal Place of Business

Mailing Address

3207 PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE FL 34983

3207 PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE FL 34953-3406

2. Principal Place of Business

3. Mailing Address

980 SW Bayshore Blvd.
Suite, Apt. #, etc.

1801 Enfield Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Port St. Lucie

Port St. Lucie, FL

4. FEI Number

65-0274986

Applied For

Not Applicable

Zip

Country

34983

USA

Zip

Country

34952

USA

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

BALZANO, CARMELA
3207 PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE FL 34983

Name

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

1801 Enfield Ave

Port St. Lucie

FL

Zip Code

34952

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 ☐ Delete
NAME D
STREET ADDRESS BALZANO, CARMELA
CITY-ST-ZIP 3207 PORT ST. LUCIE BLVD
PORT ST. LUCIE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1801 Enfield Ave
CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE ☐ Delete
NAME D
STREET ADDRESS BALZANO, ALFONSO
CITY-ST-ZIP 3207 PORT ST. LUCIE BLVD
PORT ST. LUCIE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1801 Enfield Ave.
CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

Carmela Balzano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/00

Daytime Phone #

561-337-0872

CR2E034 (9/99)