

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

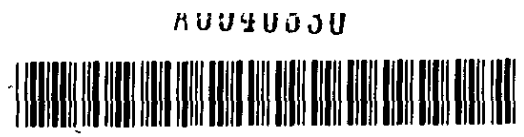
04-18-2000 90216 021 \*\*\*150.00

**DOCUMENT # M21906**

1. Entity Name  
**SALVATORE'S PIZZERIA, INC.**

Principal Place of Business <b>NE 6TH AVENUE          BEACH FL 33483-5514</b>	Mailing Address <b>271 NE 6TH AVENUE          DELRAY BEACH FL 33483-5514</b>
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2608358</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MICELI, SALVATORE          271 NE 6TH AVENUE          DELRAY BEACH FL 33444</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME <b>PD MICELI, SALVATORE</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>271 ME 6TH AVENUE</b>		NAME	
CITY-ST-ZIP <b>DELRAY BEACH FL 33483</b>		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	
		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Schiffert & Miceli*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/15/00**  
 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)