

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 NE 6TH AVENUE BEACH FL 33483-5514	Mailing Address 271 NE 6TH AVENUE DELRAY BEACH FL 33483-5514
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R0040030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2608358		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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

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"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DELETE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/>	PD	MICELI, SALVATORE	271 ME 6TH AVENUE DELRAY BEACH FL 33483					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/15/00

Daytime Phone #

CR2E034 (9/99)