

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000150

1. Entity Name

THE ORIGINAL RENZO'S ITALIAN RESTAURANT AND PIZZ

Principal Place of Business

3645 S FEDERAL HWY
BOYNTON BEACH FL 33435

Mailing Address

3645 S FEDERAL HWY
BOYNTON BEACH FL 33435

2. Principal Place of Business

8260 Jog Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip

33437

Country

USA

Country

4. FEI Number

65-1013578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALEEL & ASSOCIATES
555 N CONGRESS AVE STE 301
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2001 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

TITLE PD
NAME LENA, EMANUEL
STREET ADDRESS 3645 S FEDERAL HWY
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE VPS
NAME LENA, CONCETTA
STREET ADDRESS 3645 S FEDERAL HWY
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Emanuel Lena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

561-734-4383

Daytime Phone #

EMANUELE LENA

PRESIDENT

CR2E034 (10/00)

0307552



DO NOT WRITE IN THIS SPACE

FILED

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90181 027 ***150.00